# COMMONWEALTH of VIRGINIA

**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**
**600 East Broad Street, Suite 1300**
**Richmond, VA 23219**

**July 23, 2008**

**ADDENDUM No. 1 TO VENDORS:**

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| **Reference Request for Proposal:** | **RFP 2008-06** |
| **Dated:** | **June 27, 2008** |
| **Due:** | **August 5, 2008** |

**See attached questions and responses related to the referenced RFP.**

Note: A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

*William D. Sydnor*

William D. Sydnor
Contract Management Director

Name of Firm: _____

Signature and Title: _____

Date: _____

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| 1 | General | n/a | Would the Department please provide a listing of bidders who submitted a letter of intent to bid? | No. |
| 2 | General | n/a | Please provide staffing of the current contractor, including FTEs by position. | (1) Project Manager; (1) System Administration Manager; (1) Training Manager-Spanish speaking; (1) HR Manager; (2) Call Center Supervisors-one Spanish speaking; (1) QA Analyst; (11) Customer Service Reps on site-3 Spanish speaking (8 are FTE's); remote team for overflow calls (up to 10 Client Service Representatives) depending on call volume need). |
| 3 | General | n/a | Who is the current Enrollment Broker? | Maximus Health Services, Inc. |
| 4 | General | n/a | What is the annual amount of the current contract? | For 2/07-1/08 contract year: $1,562,251.32 |
| 5 | General | n/a | Does the Department have any negative contractual compliance issues with the current vendor? | No. |
| 6 | General | n/a | How long has the current vendor had the contract? | Since November 14, 2002. |
| 7 | General | n/a | Who is the current Fiscal Agent vendor? | First Health Services Corporation |
| 8 | General | n/a | Is the mailing vendor the same vendor who currently sends out enrollment mailings? | Yes. |
| 9 | General | n/a | Are clinical staff needed for the HSA, DM and CCM functions? | No. |
| 10 | General | n/a | Is there a specific WFM tool and/or reporting system that must be used? | There is no specific workforce management tool required to |

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| | | | | measure performance standards. |
| 11 | General | n/a | Are clinical staff needed for the EPSDT functions? | No. |
| 12 | 2. Background | 13 | Please provide a list of counties that offer MEDALLION only, a list of counties that offer Medallion II only, and a list of counties that offer MEDALLION and Medallion II concurrently. (This would correlate to the MEDALLION and Medallion II coverage map provided in RFP Attachment XVI, which is too small to be useful.) | Please refer to the revised Attachment X (included with this document). MEDALLION counties are listed separately. Medallion II localities where MEDALLION is operating concurrently are in the Near South West and Western Region and are identified with an asterisk (*). |
| 13 | General | n/a | What is the name of the contractor responsible for mailing enrollment materials? | Commonwealth Martin. |
| 14 | General | | Will the current EB system be available; to include hardware, software, telephone system, etc be available should a new vendor be selected? | No. |
| 15 | 2. Background | 13 | What kind of MEDALLION and/or Medallion II coverage is available to residents of Tangier Island, if any? | Currently, there is no managed care coverage for this area. Recipients in Tangier Island are covered under fee-for-service. |
| 16 | 2.1 Virginia Acute and Long-Term Care Integration | 15-16 | Does the Commonwealth anticipate a statewide rollout for VALTC and EDCD waiver participants? If so what is the estimated schedule? | No. Refer to section 2.1 for pilot schedule. |
| 17 | Section 2. Background; Subsection 2.1 Virginia | 16 | Page 16 indicates that for the VALTC and EDCD participants, only telephone | Yes, the requirements for VALTC enrollments are detailed in section 3 |

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| | Acute and Long-Term Care (VALTC) Integration | | outreach and outbound calls are required. Does the Commonwealth anticipate any additional services requirements? | of the RFP. |
| 18 | 2.2 Managed Care Volume and Participation | 16-17 | The RFP states that there are @ 707,314 recipients enrolled in the Virginia Medicaid Program, and that there are @ 461,614 recipients currently enrolled in the Medallion and Medallion II Programs. Of the remaining 245,700 recipients, how many are eligible but as yet unenrolled in the two Programs? | The number of managed care eligible recipients who are not yet enrolled would equate to the number of enrollees who are preassigned. See Attachment XXVI for preassignment information for May, June, and July of 2008. |
| 19 | 2.2 Managed Care Volume and Participation | 16-17 | What percentage of the enrolled Medicaid population speaks Spanish? | Primary language spoken is not currently collected in the DMAS database. Based upon reports from the current EB Contractor's language line usage, for the present contract year (2/07-1/08), 8% of total call volume utilized the Spanish language option – approximately 12,000 calls a year. Some Spanish speaking recipients also choose the English option, so a definite percentage is not available. |
| 20 | 2.5 Enrollment Mailings | 18 | Page 18 states that "enrollment mailings are sent by the Department through its contracted mailing vendor." Who is that vendor? What are the requirements of the EB? How does the current EB system interface with the contracted vendor | The current Enrollment Broker works directly with the DMAS mailing vendor, Commonwealth Martin, to assure that a sufficient supply of enrollment materials (comparison charts, PCP brochures, MCO brochures) are available, up- |

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| | | | | to-date, and sufficient for enrollee mailings and other distribution by the mailing vendor. |
| 21 | 2.6 Role of Enrollment Broker | 19 | The RFP requires the Enrollment Broker to refer recipients to the Disease Management or Chronic Case Management (CCM) programs based on results from the Health Status Assessment. Does the Department expect the Enrollment Broker to transfer caller, provide the appropriate phone number, or both? | We are requesting that the Enrollment Broker staff educate the caller on appropriate program and refer the recipient to the correct phone number. |
| 22 | 3.1 Overview | 20 | The first paragraph states that, "The Enrollment Broker will enter managed care recipient data electronically, according to guidelines set for the by the Department." Please define what data elements are contained in "managed care recipient data." | The Enrollment Broker will enter provider assignments for the recipients' MCO and PCP enrollment directly into VAMMIS. |
| 23 | 3.1 Overview | 20 | The first paragraph states that, "The Enrollment Broker will enter managed care recipient data electronically…." Does this mean through some type of electronic file transfer, or via data entry into the VAMMIS or other system. | The enrollment broker will have a direct connection to VAMMIS to manually assign/change enrollment entries. |
| 24 | 3.2 Populations Covered | 21 | The RFP states "The offeror shall include in its technical proposal separate pricing for each population covered." A) Please confirm that the pricing information is separately sealed from the technical | A. Correct - The RFP is amended to require the Offeror to include separate pricing in the cost proposal for each population described in the RFP. B. – Correct - The RFP cost |

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| | | | proposal and B) is it the Department's request that a separate pricing sheet as found in Attachment III be completed for each separately priced service? | proposal forms are revised and included as Attachment III; one for each of the covered population groups as well as one for the website.<br><br>The RFP Section 3.2, page 21 is amended as follows:<br>The Offeror shall include in its ~~technical~~ ***cost*** proposal separate pricing for each population covered (MEDALLION, Medallion II, VALTC and EPSDT). The Offeror's ***technical*** proposal shall describe how it will distinguish each program/population, including for monitoring and reporting purposes; for example, via dedicated phone number or prompt; separate unit with committed staffing for monitoring and individual reporting purposes, etc. |
| 25 | 3.2 Populations Covered | 21 | Paragraph three states that Offeror shall include in its technical proposal separate pricing for each population covered. Page 56 (concerning the cost proposal) states that no cost information is to be included in any other portion of the proposal. Which section of the RFP is correct, does the Department want pricing information | All cost information must be included in the separate cost proposal package. See response to # 24 above. |

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| | | | in the technical proposal or only in the cost proposal? | |
| 26 | 3.2 Populations Covered | 21 | Paragraph 3 states the Department wants separate pricing for all four populations covered. Does the Department want four separate cost sheets with a fifth summary or total sheet? Or, does the Department require one cost sheet for the Enrollment Broker services and one for EPSDT as stated on Page 56. If so, does the Department want a total sheet for both programs? Will the offeror be evaluated for the total cost including EPSDT services? | The Department requires separate pricing for MEDALLION, Medallion II, EPSDT, and VALTC. See response to # 24. |
| 27 | 3.2 Populations Covered | 21 | Section 3.2 states that a separate pricing schedule should be included for each population. Please explain why this should be separate from the total cost proposal | See Question # 24. |
| 28 | 3.2 Populations Covered | 21 | The RFP calls for "separate pricing for each population covered" to be included in the technical proposal. On page 56 Offerors are instructed to submit pricing separately from the Technical Proposal. Please clarify this discrepancy. | See response to # 24. |
| 29 | 3.2 Populations Covered | 21 | Please clarify the required format for pricing by program and population covered (MEDALLION/Medallion II, VALTC, EPSDT). Should all pricing information, including pricing for optional | Yes. See response to # 24. |

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| | | | components such as EPSDT and the interactive website, be bound and submitted separately from the technical proposal? Please clarify if the Department would like any pricing information included in the technical proposal. | |
| 30 | 3.3 HelpLine Operations | 21 | The RFP states that the office must be in the Richmond metropolitan area. Would the Department please provide clarification regarding a definition for "the metropolitan area"? | City of Richmond and/or surrounding counties. |
| 31 | 3.3 Helpline Operations | 21-22 | Does the dedicated phone number for VALTC need to be a different number than the comprehensive toll-free number or can it be an option of the comprehensive toll-free number? | DMAS is requesting a different phone number for VALTC. The Department will maintain ownership of any toll free number. |
| 32 | 3.4 Staffing Requirements | 22 | The RFP states that the names of key personnel must be shown on the organizational chart. Please clarify what positions are considered "key personnel"? | Key personnel includes the Regional Manager, local project director, call center supervisor (if different than local project director), Systems Administrator, and Quality Assurance Director/Trainer. |
| 33 | 3.4 Staffing Requirements | 22 | What are the current staffing levels? | See Question 2. |
| 34 | 3.4 Staffing Requirements | 22 | Does the reduction in reimbursement begin with the first day of a staffing level reduction or in the case of unforeseen staffing changes is there time given to replace staffing to normal levels? | Reductions in staffing levels must be approved by DMAS. For any unforeseen staffing changes, time will be provided for replacement of staff. |
| 35 | 3.6 Call Center Performance | 25 | The Department shall audit the HelpLine | Remote monitoring capabilities must |

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| | Standards | | for monitoring and quality improvement purposes at any time, including on-site and/or remote monitoring." Please clarify the requirements for remote monitoring and what type of remote monitoring is likely to be needed (e.g., monitoring from DHS offices, monitoring of remote agents). | be made available by the EB Contractor. Offerors should describe in their technical proposal the remote monitoring capabilities it will make available if selected as the DMAS EB Contractor. |
| 36 | 3.6 Call Center Performance Standards | 25 | Telephone calls shall be of sufficient length (average 4-5 minutes) to assure adequate information is imparted to the recipient. Please clarify if the standard for average talk time is should be 4-5 minutes or are these numbers provided simply as target values? Please provide call duration assumptions for each program (EPSDT, VALTC, MEDALLION, Medallion II, etc). | The Standard would be 4-5 minutes. We would project that VALTC talk time numbers would be higher. |
| 37 | 3.7 Telecommunications System | 26 | Will the current vendor relinquish ownership of the toll-free numbers currently in place? What are the current toll free numbers? | Question #1-Yes.<br>Question #2 -1-800-643-2273. |
| 38 | 3.7 Telecommunications System | 26 | Who "owns" the comprehensive toll-free number, the vendor or the state? | The Commonwealth of Virginia. |
| 39 | 3.7 Telecommunications System | 26 | The RFP states the Enrollment Broker "provides detailed analysis of the quantity, length, types of calls received, the amount of time it takes to answer them | Specify the length of time calls are answered initially (by ACD system) and length of time it takes to be answered by live person. Specify |

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| | | | initially and prior to abandon, and the number of calls transferred and abandoned.<br>Please clarify, "the amount of time it takes to answer them initially and prior to abandon", | the length of time before a call abandons. |
| 40 | 3.7 Telecommunications System | 26 | The RFP states the Enrollment Broker "Measures the amount of time callers are placed on hold after the call is answered. Is this the amount of time a caller waits in queue to speak to a Customer Service Agent or the amount of time a caller is on hold once the call is answered by a Customer Service agent? | Measures the amount of time a caller waits in queue (average wait time) to speak to a customer service agent. |
| 41 | 3.7 Telecommunications System | 27 | The RFP requires call tracking and reporting by enrollee population. There are instances where a recipient may be member of more than one population – for example, a child might be eligible for EPSDT and enrolled in either MEDALLION or Medallion II. How would the Department like bidders to classify these callers? Does the Department envision that reporting will be based upon AID category, County Code, Age, or some other criteria? What about calls from potential enrollees residing in Medallion III areas? | First, the calls should be tracked by the program in which the recipient is enrolled or preassigned. (Fee-For-Service (FFS), MEDALLION, Medallion II, and VALTC). Second, for any of the recipients calling regarding EPSDT mailings/services or where any EPSDT education is rendered, the contractor should have a mechanism to capture, track and report EPSDT related activity. Therefore, in your proposal, you should explain how you plan to track and report EPSDT activity for recipients who are in Medallion II, MEDALLION, VALTC, or FFS. |

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| | | | | For one of the examples that you listed, where the recipient is enrolled in Medallion II and is eligible for EPSDT, this call should be classified as Medallion II call. If the recipient also receives EPSDT education, this EPSDT activity should be captured in a way that it can be reported in the EPSDT Activity report. For calls from potential enrollees residing in Medallion III areas (Medallion II operating with MEDALLION concurrently) this should be captured as a Medallion II call. For Medallion III individuals already enrolled, these should be captured as either MEDALLION or Medallion II (depending on the enrollment of the recipient/caller). |
| 42 | 3.8 Processing Enrollment Requests | 27 | How many enrollments are received by mail? How many are returned to recipients because of incomplete information? | Currently, most enrollments are completed via telephone. A few requests are received by mail through DMAS and forwarded to the EB. Once received, they are handled according to the same processing standards and time frames, within one business day of receipt. None are returned; the EB contacts the recipient to obtain any |

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| | | | | additional information required. We estimate less than 1 per month is received through the mail. |
| 43 | 3.8 Processing Enrollment Requests | 28 | Please clarify the scope for the following requirement: "Identify and report to the Department recipients with other benefit coverage such as Group Health Insurance or change of access, etc." Are we correct in assuming that this refers to Enrollment Broker staff gathering information directly from recipients during phone calls? What are the Department's requirements with regard to transmission of this data? | Correct. Transmission of this information can happen via email or other agreed upon mechanism. |
| 44 | 3.9 Initial Managed Care Enrollment | 28 | Please explain the pre-assignment process for both the Medallion and Medallion II Programs. Also, in Medallion counties where there is a choice between a single MCO and PCCM, is there a default pre-assignment in those areas (e.g., all PCCM)? | MEDALLION AND Medallion II Preassignment Process: Clients are determined eligible for Medicaid by DSS. Approximately 15-45 days after eligibility is entered into the VAMMIS, preassignment takes place. Clients are preassigned to a MCO for Medallion II or an enrolled PCP for MEDALLION. Preassignment is based upon client history, family history, or is random via system algorithm. Recipients are notified by letter to call to make a selection by deadline. No call = enrollment into preassigned MCO (or PCP for MEDALLION). In |

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| | | | | areas where MEDALLION operates concurrently with Medallion II, preassignment is currently defaulted to the MCO; however, DMAS has the discretion to change this default procedure. |
| 45 | 3.9 Initial Managed Care Enrollment | 28 | What is the current health plan change rate among those consumers who are assigned to an MCO/MEDALLION PCP? | Enrollment Activity for the 2/07-1/08 contract year is as follows:<br><br>The total number of enrollments the EB contractor conducted into MCOs totaled 21,369;<br>• new MCO enrollment changes totaled 10,817<br>• open enrollment health plan changes totaled 4,864<br>• changes outside of open enrollment (i.e., 90 trial period or with good-cause) totaled 5,688<br>MEDALLION enrollments conducted by the EB contractor totaled 13,910;<br>• new MEDALLION enrollment changes totaled 5,690<br>• open enrollment MEDALLION changes totaled 2,656 (changes were made to another PCP or to a MCO)<br>• changes outside of open enrollment (i.e., 90 trial period |

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| | | | | or with good-cause) totaled 5,564<br>• there were a total of 4,640 MEDALLION PCP changes made via MEDALLION panel form transactions. |
| 46 | 3.9 Initial Managed Care Enrollment | 28 | After the 90 day change period, are recipients locked into their PCP or MCO for the remainder of the year (with the exception of a just cause situation)? | Yes. Note that a *new* 90-day MCO trial period is allowed for the recipient when they select a *new* MCO (new = MCO with whom the recipient has not had prior enrollment ). No trial is allowed when recipient selects an MCO with whom they have had previous MCO enrollment. |
| 47 | 3.9 Initial MEDALLION and Medallion II Managed Care Enrollment | 28 | Does VAMMIS support enrollments by FTP (batch files) or strictly manual data entry only? | Within VAMMIS initial managed care enrollments (aka preassignments) occur via a batch process. The enrollment broker, at the recipient's request, confirms the preassigned selection or enters the recipient's new provider (MCO/PCCM) selection. Manual data entry is only allowed after a batch process has been adjudicated. |
| 48 | 3.9 Initial MEDALLION and Medallion II Managed Care Enrollment | 28 | Would the Commonwealth consider members enrolling with the PCP Site rather than the individual provider? | If the PCP is enrolled with DMAS as a group MEDALLION provider then yes, however, currently, this is only Federally Qualified Health Centers (FQHC) and Rural Health Center (RHC) provider types. |

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| 49 | 3.10 Initial VALTC MCO Enrollment | 29 | Will the daily email containing the "Report of New VALTC EDCD Participants" be in a data file attachment format (importable) or just be in the email body / visual report format (manual data entry required)? | The email will contain an attachment with a report in .txt format. See response to # 47 regarding manual data entry. |
| 50 | 3.10 Initial VALTC MCO Enrollment | 29 | Section 3.10 states that the EB will receive a Report of New VALTC EDCD participants through a daily report. Will this report be provided electronically? | See response to question 49 above. |
| 51 | 3.10 Initial VALTC MCO Enrollment | 29 | Please provide a file layout for the Report of New VALTC EDCD Participants. Will this file include information for dual eligibles that are not in a waiver program? Will recipient telephone numbers be included in this file? | This report is still in development and the specific format has not been finalized. DMAS does anticipate that recipient telephone numbers will be included in the final report. This report will not include duals who are not in the EDCD waiver. Dual-only recipients will be included as part of the normal monthly enrollment cycle. |
| 52 | 3.10 Initial VALTC MCO Enrollment | 29 | Should bidders include costs associated with dedicated outreach staff to support the VALTC pilot(s) or ongoing operations? Should bidders include costs for subcontract arrangements with local community organizations to support VALTC outreach? | No, the enrollment broker does not need to include costs for contracting with local community organizations. Local community organizations will be knowledgeable of VALTC and may contact the enrollment broker on behalf of a new participant from time to time, however the enrollment broker will not have to conduct outreach to |

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| | | | | participants through local organizations. |
| 53 | 3.12 Exclusion from Managed Care Enrollment | 31 | The RFP requires that the Enrollment Broker submit exclusion requests and accompanying documentation to the Department for processing. What documentation is required and what is the submission process for sending this information to the Department? Is there any requirement that the Enrollment Broker capture, track, and ensure that documentation is complete before submitting the exclusion request to the Department? Will the Department send information back to the Enrollment Broker after the determination has been made and, if so, what format will the Department utilize to send this information? | The documentation necessary to process an exclusion request is the recipient name, Medicaid ID#, caller/requester name and phone number, and the reason for the exclusion request. There is a form used to capture this information. The form can be sent by the EB to DMAS via secure email or by fax. Currently DMAS does not report the determination back to the Enrollment Broker, unless the EB requests the information, at which time the information is sent via secure email to the EB. DMAS notifies the recipient of the decision in writing, and includes the policy or regulation on which the decision is based. |
| 54 | 3.14/7.2 Enrollment Transfers | 31/54 | Should the Department expand or terminate a health plan or PCP agreement for MEDALLION, Medallion II and VALTC population, we assume an automatic re-enrollment will be performed by the Department in VAMMIS. Is this assumption correct or is the Enrollment | These types of enrollment transfers are infrequent and are generally handled systematically by the Department. |

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| | | | Broker responsible for disenrolling and re-enrolling enrollees to a new plan or PCP? If the Enrollment Broker is required to perform these transfers, please describe how current MEDALLION enrollee information will be transmitted to the Enrollment Broker for processing. | |
| 55 | 3.15 Enrollment Materials | 31 | Can DMAS provide the quantities of the different Enrollment and/or other program materials produced by the current Enrollment Broker for the last full contract year? It will be difficult to prepare a bid without at least a ball park figure of those volumes. | For year 2/07-1/08, the current enrollment broker ordered 580,800 material items, which include comparison charts, PCP and MCO brochures. See Attachment XXIV for additional details. |
| 56 | 3.15 Enrollment Materials | 31 | Can DMAS provide information on the number of Fulfillment Packets mailed by the current contractor by month for the past two years? | For year 2/06-1/07, the current enrollment broker mailed 157 comparison charts, 744 PCP brochures and 132 MCO brochures. For year 2/07-1/08, the enrollment broker mailed 188 comparison charts, 978 PCP brochures and 102 MCO brochures. See Attachment XXIV for additional details. |
| 57 | 3.15 Enrollment Materials | 31 | What is the current postage rate to mail out a Fulfillment Packet? | A fulfillment packet is defined as enrollment material as requested by the enrollee. This could be a PCP brochure, MCO brochure, Comparison Chart, PCP Provider Listing, or combination there-of. For the last Contract year (2/1/2007 |

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| | | | | – 1/31/2008) 1,282 packets were mailed, with a total postage cost of $500.00-$700.00. 75% of packets are MEDALLION at 1 oz for a cost of $0.42; the remaining packets are for Medallion II at 2 oz. for a cost of $0.59 to mail. The EB is responsible for all postage rate increases. |
| 58 | 3.15 Enrollment Materials | 31 | Is the EB responsible for cost of postage for enrollment mailings or is this the responsibility of the mailing contractor? | EB is responsible for mailings, including postage, for anything they are required to mail. |
| 59 | 3.15 Enrollment Materials | 31 | Please provide a list, including quantities and prices, of materials printed by the current contractor. | For 2/07-1/08, the total cost for printing 580,800 material items such as comparison charts, PCP and MCO brochures was $43,628.00. See Attachment XXIV for additional details. |
| 60 | 3.15 Enrollment Materials | 31 | Please provide a list, including quantities and prices, of materials mailed by the current contractor. | For 2/07-1/08, see response to # 56. |
| 61 | 3.16 Language and Disability Requirements | 33 | Would the Department please confirm that the targeted reading level for written materials is 12th grade? | Printed material should be oriented to the target population and understandable at the 12th grade level. |
| 62 | 3.17 Health Status Survey Questionnaire | 34 | Would the Department please describe who hosts the current Electronic Bulletin Board system? | The Enrollment Broker must host the secure bulletin board. The DMAS contracted MCO's dial into the HOST using a modem. Each individual MCO is assigned a |

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| | | | | password to access their particular area within the system to post and retrieve files as needed. |
| 63 | 3.17 Health Status Survey Questionnaire<br>7.2 Miscellaneous | 33-34 | Please provide additional information about the HSA survey tool. Will the HSA tool be the same for each of the programs (MEDALLION, Medallion II, VALTC)? Will the same HSA survey be utilized for the DM screening? Will the HSA surveys and submission requirements consistent for each program and MCO? | DMAS is requesting that a proposed HSA form be submitted with the proposal. The HSA may vary by program, and for DM screening.<br><br>The DM screening is included in the attached HSA – see Attachment VIII. |
| 64 | 3.17 Health Status Survey Questionnaire | 33-34 | The RFP states that Health Status Assessments must be completed for all Medallion, Medallion II, and VALTC program participants. The RFP further states that the HSA must be made available to the MCOs and the Department in an electronic format. Should bidders assume the Department will send this information to the MEDALLION PCPs directly? If so, please describe the process by which the Department will share this information with the MEDALLION PCPs? | HSAs are not currently completed for the MEDALLION population but will be required upon implementation resulting from this RFP. These HSAs will be used in conjunction with referrals to the PCP, DMAS Disease Management and Chronic Care Management Contractors. DMAS will work with the EB to review and establish this process. |
| 65 | 3.17/4.1 Health Status Survey Questionnaire/Timeline of Reports | 34/48 | The RFP indicates the Heath Status Assessment (HSA) will be completed for the MEDALLION and VALTC population upon implementation of the contract for Enrollment Broker Services. The Report requirement indicates a | This is correct; The HSA report should identify HSAs by program (MEDALLION, Medallion II, and VALTC), and by MCO. |

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| | | | breakout by program and MCO. Please confirm this report will show totals for MEDALLION and for those enrolled in Medallion II and VALTC totals are reported by MCO. | |
| 66 | 3.24 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) | 38-39 | Is the EPSDT HelpLine distinct from the VALTC number? | Yes. |
| 67 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 38 | Does the Department wish to establish a unique toll-free line for EPSDT calls? | No – a prompt at initial contact would be sufficient. |
| 68 | 3.23 Enrollee Education | 38 | Please specify what is included in the "preliminary security screening" to be completed with parents, guardians, or other representatives who contact the HelpLine. | Specific demographic information such as name of member, Medicaid ID number, address, DOB, and phone number will be requested. |
| 69 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 38 | In preparing our response should we refer to "Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)" as used in the RFP or is it acceptable to use the terminology "Early and Periodic Screening, Diagnostic, and Treatment" as currently used by CMS? | Either is fine. |
| 70 | 3.24 EPSDT | 39 | With the understanding that there currently is no central point for recipients to obtain information about EPSDT, Does DMAS have any information as to the number of inquiries generated by the current set of EPSDT and Blood Lead mailings? Any information (even if | No information is available from the DMAS helpline at this time. The current call volume is about 25 calls per month from enrollee lead letters. The vast majority of Lead letters are delivered to the PCP for each child. On a typical month 880 |

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| | | | incomplete) would be helpful. | of 11,000 enrollees receive a direct letter, the rest are sent to providers. |
| 71 | 3.24 EPSDT | 39 | The chart on Page 39 and 40 lists five different letters and/or cards and newsletters to be mailed. Who will pay for the printing and the mailing? Will it be the Enrollment Broker or the State mail fulfillment contractor? | DMAS pays for the costs of the printing and mailings and sends them through the DMAS state contracted mailing vendor. |
| 72 | 3.24 EPSDT | 39 | The second item on the table indicates a volume of 45,000 for mailed Monthly Birthday Cards/Newsletters. Is this a monthly or annual volume? | This is a monthly volume. |
| 73 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 39 | The Department indicates that it "routinely sends notices to EPSDT eligible recipients"; Will the Department maintain responsibility for the printing and mailing of these notices and letters? Should bidders include any costs associated with the development, printing, or mailing of EPSDT materials to recipients? | Question #1-DMAS will maintain responsibility for printing and mailing of notices.<br>Question #2-No. |
| 74 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 39 | Are the EPSDT mailings noted in the RFP distributed to recipients once a month or throughout the month? Please clarify the mailing schedule for each of these mailings. | The chart on page 39-40 of the RFP seems clear on the frequency of the mailings with one exception. The last line, Dinosaur birthday cards, are sent monthly. |
| 75 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 39 | Will the Enrollment Broker's toll-free number be included on all EPSDT and Lead Testing mailings? | Yes. |
| 76 | 3.24 Early and Periodic | 39 | What is the average daily/weekly/monthly | No concrete information is |

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| | Screening, Diagnosis, and Treatment (EPSDT) | | call volume for the Lead-Safe Virginia Program? What is the average duration of these calls? Please provide call volume assumptions for other EPSDT-related calls. | available about general call volume. We don't manage the Lead Safe Virginia Program but we do send out reminders to the providers & recipients about lead testing In a typical month, 880 of 11,000 enrollees receive a direct letter, the rest are sent to providers. We receive about 25 calls per month from these mailings . We don't have data on the length of the calls but they are usually not extensive in length. |
| 77 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 39 | Is Attachment XX-EPSDT Current Member Letter the Newsletter referenced on Page 39, EPSDT Letter Type chart (2nd row-1st column)? If not, please provide a sample of this Newsletter. | No, there are 5 different newsletters that will replace this birthday card. These will be done in English and Spanish. These are still considered draft but are very close to be completed. These letters are included as an Attachment to this document. |
| 78 | 3.24 EPSDT | 40 | The last section of the chart with mailings states that a new post card with the governor's signature be sent. Will the offeror be sending both a birthday card and post card? And, is the listed volume a monthly or annual volume? | The Offeror will not be sending any EPSDT mailings. (See above). There is one annual mailing to all enrollees, and is currently sent as a post card sized birthday card. This mailing format will change to a set of five different letters which will replace the current birthday postcard. |

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| 79 | 3.24 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) | 40 | In reference to the EPSDT Birthday Postcard, the RFP states "EPSDT plans to revise the media for delivery of this information during the Summer of 2008"; would the contractor selected for Enrollment Broker participate in this process? Please describe any assumptions related to this initiative. | The birthday card is now mailed to all enrollees on an annual basis during the month of their birthday; this will change to a set of five different newsletters, based on the age of the recipient, which will replace the current birthday postcard. The enrollment broker will not be involved in the design of this newsletter but could contribute items for future newsletters based on calls and requests for information the enrollment broker receives. |
| 80 | 3.26 Virginia Medicaid Management Information System(VAMMIS) Interface Requirements | 40-41 | Is there currently an enrollment database that is being used? Would we use the same system for the VALTC enrollments? If not who is responsible for building one? | See Section 3.26. All **enrollment entries** by the EB Contractor are entered into the Department's Virginia Medicaid Management Information System (VAMMIS). The EB Contractor is responsible for building and maintaining the call center, recipient, and provider data-base components and any database components for reporting the information required per the RFP. |
| 81 | 3.27 VAMMIS Connectivity | 41 | TN3270: Does the contractor have the option of using a different, but fully compatible TN3270 emulator, or must the contractor use ClientBuilder only? | No. The contractor must use ClientBuilder for terminal emulation. |
| 82 | 3.27 VAMMIS Connectivity | 41 | What is the current system configuration which allows for the EB system to | See Section 3.27, page 41. |

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| | | | interface with the Departments VAMMIS system? | |
| 83 | 3.28 Recipient Database | 42<br>Attach # XVII 103 | According to the Eligibility Extract File layout in Attachment XVII of the RFP, There appears to be no information indicating with what Health Plan a recipient is enrolled. Is it therefore correct to assume that DMAS will only include recipients who are not currently enrolled on the extract file? | The current Eligibility Extract File DMAS does not contain health plan enrollment data. Health Plan enrollment information is available directly from VAMMIS. The current Eligibility Extract File contains all recipients who are eligible for Medicaid and FAMIS. DMAS may choose to expand the content of the Eligibility Extract to include additional data elements (such as Health Plan) in order to support enhanced functionality offered by the vendor. |
| 84 | 3.28 Recipient Database | 42<br>Attach # XVII 103 | Will the extract file already have the recipients who meet the Medallion, Medallion II, or VALTC exclusion criteria removed from the file or will the Enrollment Broker be required to develop a system to do this? If the latter is true what are the indicators and fields on the Eligibility Extract File that will need to be evaluated? | The current Eligibility Extract File contains all recipients who are eligible for Medicaid and FAMIS. VAMMIS is the system of record for all recipient enrollment. The recipient's benefit enrollment in VAMMIS identifies the specific program that they are enrolled in and their provider assignment. DMAS may choose to modify the contents of the Eligibility Extract in order to support enhanced functionality offered by the vendor. |
| 85 | 3.28 Recipient Database | 42 | In paragraph 2 of this section, please | The email will contain an |

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| | | Attach # XVII 103 | describe what the VALTC daily e-mail will consist of (e.g., electronic file, Word Document)? | attachment with a report in .txt format. |
| 86 | 3.28 Recipient Database | 42<br>Attach # XVII 103 | In paragraph 2 of this section, There seems to be a discrepancy between the daily notice, but only weekly enrollment. Please clarify. | Recipients become eligible for Medicaid/FAMIS on a daily basis. VALTC enrollment only occurs once a week. |
| 87 | 3.28 Recipient Database | 42<br>Attach # XVII 103 | In paragraph 2 of this section, please describe the process for entering VALTC Enrollments into VAMMIS. | The Enrollment Broker will enter VALTC provider assignments via direct data entry into the VAMMIS benefits screen. |
| 88 | 3.28 Recipient Database | 42 | Please provide clarification on the Medicaid Eligibility Segments. Will the eligibility file be provided to the EB? | See the response to question # 84. |
| 89 | 3.28 Recipient Database | 42 | The RFP states that "the Enrollment Broker's database must include documentation regarding all calls taken or enrollments by mail…" This is the only reference to enrollments by mail in the RFP. Does the Department want bidders to include assumptions related to enrollments by mail? If so, will this apply to all populations (MEDALLION, Medallion II, and VALTC)? | See Section 3.8 – processing enrollment requests. |
| 90 | 3.28 Recipient Database | 42 | The RFP states that "For VALTC initiative, the Enrollment Broker will receive a separate daily notice of VALTC enrollment via secure email from the Department. The Enrollment Broker will manually update their database with the | Recipients become eligible for Medicaid/FAMIS on a daily basis. VALTC enrollment only occurs once a week. |

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| | | | weekly data." Please clarify the frequency of this update (daily or weekly) and what information will be provided in this file. Please provide a sample file layout for the VALTC enrollment file. Please clarify the reference to "enrolled". For instance, is this a reference to program enrollment (eligibility) or plan enrollment? | |
| 91 | 3.28 Recipient Database | 42 | Is the Department willing to provide the Enrollment Broker with a refreshed VAMMIS extract file on a daily or weekly basis (as opposed to monthly)? Is the Department willing to provide additional recipient information in the extract file such as recipient enrollment/disenrollment (MEDALLION, MEDALLION II, VALTC) information and telephone numbers? | DMAS will work closely with the EB to provide a batch report if required on a more frequent basis. Please note that currently, the VAMMIS captures telephone numbers as entered by DSS. Phone numbers are not required and are not validated for accuracy. |
| 92 | 3.30 Provider Panel Maintenance | 43 | Please define the differences between the terms "open, history, or closed" panels in the first sentence of this section. | Open panel - provider willing to accept new MEDALLION recipients; history panel are MEDALLION recipients who were previous patients based on previous claims history within the last 12 months; closed panel are existing patients only and provider can submit the name of patient they want to add to their panel. |
| 93 | 3.30 Provider Panel Maintenance | 43 | This section states that providers must submit their reason for disenrolling a | MEDALLION PCPs can call or fax the provider panel change form. |

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| | | | member from his/her panel in writing. However, this section also states that any changes received through the hot line are to be dealt with within one day. Please clarify when a request in writing is required and when a phone call is sufficient. | Once the request is received, the enrollment broker must process in one business day. |
| 94 | 3.30 Provider Panel Maintenance | 43 | Is there a maximum limit set by the Commonwealth for provider panels? If so, are the limits different for PCCM and the MCOs? | The provider can be assigned up to 2,000 recipients for MEDALLION program. Currently, there is not a cap on the number of MCO enrollees who can be assigned to a MCO; however, DMAS has the discretion to change this procedure. |
| 95 | 3.30 MEDALLION Provider Panel Maintenance | 43 | The RFP states the Enrollment Broker must follow the Department's established procedures and time frames for opening and closing provider panels for recipient enrollment. Please clarify the role of Enrollment Broker with regard to opening and closing provider panels for enrollment. | The EB is responsible for handling all provider panel requests via fax or phone within one (1) business day. |
| 96 | 3.32 MCO and PCP Provider Network Database | 44 | Would the Department please provide additional information on how the Enrollment Broker will receive the Medallion (PCCM) Provider Panel, including:<br>Frequency<br>Method (ftp, cd, etc.) and<br>File format? | The Enrollment Broker receives a hard copy list monthly and downloads the MEDALLION provider file from the DMAS printing vendor's website monthly. The EB Contractor would then download the MEDALLION provider file into their internal |

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| | | | | database. See ATTACHMENT XXV for provider file format. |
| 97 | 3.32 MCO and PCP Provider Network Database | 44 | Are there existing file formats for the MCO and PCP Provider Network, for the MEDALLION, Medallion II, and VALTC? If so, would the Department please share the available formats? | MEDALLION / PCP - See Attachment XXV.<br>Medallion II / MCO - See Attachment XXV (b).<br>VALTC – Not yet in production, but we anticipate that these files will be the same as the current Medallion II / MCO provider files. |
| 98 | 3.32 MCO and PCP Provider Network Database | 44 | The RFP requires that the Enrollment Broker recipient database include information on maximum enrollment in primary care physician panels and an on-line edit to disallow enrollments into filled panels. Is the Department willing to provide, and ensure the MCOs provide, the Enrollment Broker with more frequent MEDALLION/Medallion II/VALTC provider file updates (daily or weekly)? If the provider network files are provided only monthly, please clarify how the Enrollment Broker will accurately determine when provider panels are at capacity. | Provider enrollment updates are done on a monthly basis (i.e., mid month provider changes are not effective until the beginning of the following month). So, monthly provider file updates should provide the necessary info to the Enrollment Broker. The Enrollment Broker can also verify the provider's panel size and enrollment in VAMMIS. |
| 99 | 3.32 MCO and PCP Provider Network Database | 44 | Please provide bidders with sample file layouts for the MEDALLION and VALTC provider files. | See Attachment XXV for the *sample* MEDALLION layout and Attachment XXV (b) for the *sample* MEDALLION II and VALTC layouts. NOTE: As stated in the |

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| | | | | Section 3.32 of the RFP, the EB must be capable of accommodating full replacement data *and additional provider class types at no additional cost to the Department.* |
| 100 | 3.34 Virginia Managed Care Interactive Website | 45 | The list of features on the website requests separate pricing for online enrollments and HSA form completion. We assume the Department would like a separate cost sheet for these two items. Does the Department want separate pricing for the website? Would the Department provide a list of all cost sheets they are requesting with the cost proposal? | The Cost Proposal Format (Attachment III) is being revised to include all items for which the DMAS requires separate pricing. |
| 101 | 3.34 Virginia Managed Care Interactive Website | 45 | Will the state or the contractor be hosting the enrollment broker website? We prefer to host the website and database backend as this will simplify data transactions and alleviate any data synchronization issues, especially since real-time data can be very helpful in enrollment-related activities. We will of course be fully compliant with all VITA standards and provide full access to the Web and Database servers to the department.<br><br>If the state will host the Website and database, does the state infrastructure support .NET and SQL platform? | The perspective Enrollment Broker will host the Virginia Managed Care website and will update when requested by DMAS.<br><br>The Department will not host the Virginia Managed Care website. |
| 102 | 3.34 Virginia Managed Care | 44 | Please provide additional clarification | DMAS will review all interactive |

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| | Interactive Website | | related to the interactive website. Is the Department willing to accept enrollment information received via the interactive website electronically for upload into the MMIS or will this be a manual process? Is the Department able to provide the Enrollment Broker with daily recipient files including current enrollment/disenrollment information and other key data (e.g., changes to program eligibility) to support secure on line enrollment? | features presented in the RFP process to review automatic VAMMIS enrollment, etc. and will work with the EB on eligibility updates. The Offeror's proposal should delineate features of the proposed web-based capabilities as well as any information or data needed from the Department that would be required in order for the proposed system to operate efficiently. |
| 103 | 3.37 Program Implementation, Expansions and Changes | 46 | The RFP indicates the Enrollment Broker is responsible for additional staff, and/or associated costs for any expansion of the managed care program. Does DMAS anticipate expanding managed care in the future? If so, does DMAS have an estimate of the volume of recipients to be served under any planned expansion of services? Please clarify the extent to which volumes and\or scope may expand without an opportunity to renegotiate price. | The Department may elect to expand to non-MCO areas in the future or to populations (aid categories) currently excluded from MCO participation. Non-MCO areas are represented as MEDALLION localities in Attachment X. Also in any of the current Medallion II localities, a contracted MCO not yet serving those areas may elect to do so within DMAS program guidelines. These expansions would not provide the opportunity to renegotiate price. |
| 104 | 4 Reporting and Delivery Requirements | 47 | The RFP indicates that "the Department may request ad hoc reports to be delivered within 3-5 business days." What should bidders assume relative to the number and | These requests will be very infrequent. |

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| | | | type of ad hoc reports the Department will request each month? | |
| 105 | 4.1 Timeline of Reports | 47-48 | Are there any required reports that will be generated from the VAMMIS? If so, please identify reports that the Enrollment Broker will generate from the VAMMIS. | None. |
| 106 | 4.2 Reports and Schedule of Delivery | 48 | Disenrollment/Plan Change Report. The RFP requires that this report provide totals by program including EPSDT. Should the report by program only include MEDALLION, Medallion II, and VALTC and not EPSDT given families do not disenroll from EPSDT? | Not required by EPSDT. |
| 107 | 4.2 Reports and Schedule of Delivery | 48 | The Exclusion Report requires totals by program, exemption, and the reason for the exemption. Are exclusion and exemptions used interchangeably and intended to mean the same thing? | There are lists of exclusions which would allow recipients to be exempt from managed care or to switch to another health plan outside the enrollment period. See Attachments XI, XII, XIII and XIV of the RFP. |
| 108 | 4.1 Timeline of Reports | 48 | Confirm that the Enrollment Activity Report will show totals for MEDALLION and for Medallion II and VALTC totals also are provided by MCO. | EB database will capture via database the number of new enrollments, transfer enrollments and open enrollments for each MCO and MEDALLION. This information will be reported in the monthly report and coincides with the Plan Change Report. |
| 109 | 4.1 Timeline of Reports | 48 | The Complaint Log must show the number of complaints by program including MEDALLION, Medallion II, | Yes, EPSDT complaints should be counted as a sub-category for MEDALLION, Medallion II, |

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| | | | EPSDT, and VALTC. Please verify that the reporting on complaints pertains to the program in which the complainant is currently enrolled? If so, how will EPSDT complaints be reported since complaints about EPSDT pertains to those enrolled in MEDALLION, Medallion II, or fee-for-service?<br><br>Since EPSDT complaints are from those enrolled in either MEDALLION or Medallion II should EPSDT related complaints be counted as a sub-category under MEDALLION AND Medallion II and not treated as a separate program for reporting purposes?<br><br>If complaints are forwarded to the appropriate MCO or Department for further action is the forwarding of the complaint considered the "resolution" for reporting purposes? | VALTC, and FFS (where the individual is not in a managed care program.)<br><br>Yes, if the complaint is not resolved directly by the enrollment broker, the resolution of "referred to DMAS" or to the appropriate MCO is considered an acceptable documented resolution. The EB contractor should be able to resolve most complaint issues, with only a limited number of cases needing input from or referral to DMAS. |
| 110 | 4.1 Timeline of Reports | 48 | The Monthly HelpLine Activity Summary Report requires totals by MEDALLION, Medallion II, EPSDT, and VALTC for total types of calls logged into the database, i.e., address changes, complaints, enrollment, exemption requests, good cause, provider, fulfillment, eligibility etc. and total calls | Yes, per the answer above. |

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| | | | and percentage for each category monthly.<br><br>Because EPSDT recipients are enrolled in MEDALLION, Medallion II certain actions, such as address changes, enrollments, exemption requests, and good cause would captured under the program in which they were enrolled. Please verify if this understanding is correct. If this is correct, please clarify how EPSDT related HelpLine activities should be captured for reporting purposes and in relation to MEDALLION and Medallion II. Should an additional category for fee-for-service be included? | |
| 111 | 4.2 Reports and Schedule of Delivery | 49 | How does the Department want the Enrollment Broker to classify a callers "program"? For instance, is this based upon current enrollment information or the area in which the caller resides (MEDALLION, Medallion II)? How should calls from potential enrollees be classified if the caller resides in a Medallion III area? | Enrollment or preassignment. Also see the response to question # 41. |
| 112 | 4.2 Reports and Schedule of Delivery | 49 | For the Monthly HelpLine Activity Report, if program is defined as the Managed Care Program the client is enrolled with, how does the Department want calls from non-program participants to be reported? How would the | For non-program participants, where there is no Medicaid ID number that identifies enrollment (FFS, MEDALLION, Medallion II, and VALTC) to determine program, these calls will be counted as Public |

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| | | | Department like the Enrollment Broker to distinguish EPSDT calls for those callers who are also MEDALLION or Medallion II? | Callers.<br><br>For EPSDT calls, see the response for question # 41. |
| 113 | 4.3 Disaster Preparedness… | 50 | This section states that the BC/DR Plan document must be certified and delivered to the Department as part of our response to the RFP. Please explain how (and by whom) the plan should be certified. | The BC/DR plan document must be certified by an independent entity. |
| 114 | 4.3 Disaster Preparedness and Recovery Plan | 50 | How is the BC/DR plan to be "certified"? | See above. |
| 115 | 5 and 6 Department Responsibilities and Method of Payment | 50-52 | The RFP requires bidders to respond to items appearing in Sections 3 and 4. Please confirm that no response is required for Sections 5 and 6 of the RFP. | Correct. |
| 116 | 6. Method of Payment | 52 | There seems to be a discrepancy in the fifth paragraph of this section concerning the minimum number of hours needed before billing for system changes. Please clarify. | Yes this is an error. The RFP is amended as follows: In accordance with Section 3.33 the Enrollment Broker may be reimbursed for system changes made at the request of the Department in excess of forty hours for each systems change. In its cost proposal submission, the Offeror must provide a reasonable hourly rate charge for each system change in excess of forty hours. |
| 117 | 6. Method of Payment | 52 | The RFP states that parties will negotiate a fixed price annually. The price proposal requires bidders to submit three years of price data. Should the vendor expect to be | The initial three year contract cost is fixed. Only if option years are exercised will there be price negotiations. |

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| | | | compensated for the three years pursuant to bid prices, or should they expect to negotiate prices for years two and three? | |
| 118 | 6. Method of Payment | 52 | Please explain the provision for reimbursement when call volume exceeds 40%. | RFP Section 6 is revised to clarify as follows. Offerors must include an estimate of call volume, for each of the populations described in the RFP, in its Technical Proposal. Upon contract award, all populations that are included in the final contract will be totaled. Call volume that exceeds 40% of the total estimate (all populations under contract combined) would be eligible for additional reimbursement. Offerors must also include in its Cost Proposal, on Attachment III.(e), a cost proposal provision for call volume in excess of more than 40% of the total call volume projected. |
| 119 | 7.2 Critical Elements of the Technical Proposal<br><br>3-4 | 52-56<br><br>20-50 | The RFP specifies the major sections or "critical elements" of the technical proposal. The Offeror must also respond to Section 3 and 4 within the structure of the list of critical elements, presented in 7.2. There are some instances when it is not clearly evident where a requirement from Sections 3 or 4 best fits among the critical elements (such as 3.2 Populations Covered, 3.35 Relationship with MCOs | See the RFP section 7.4., page 57. Response should be cross-referenced with the appropriate section of the RFP that is being addressed. |

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| | | | and Other Agencies, 3.25 Virginia Medicaid Program Specific Knowledge, 3.24 EPSDT). Does the Department have a strict order it prefers or can the Offeror determine the order as long as it is well labeled. | |
| 120 | 7.2 Critical Elements of the Technical Proposal | 53 | In reference to the Offeror's Qualifications, the RFP states "Special emphasis will be placed upon experience in performing similar service audits for State or Federal government human services organizations." Please clarify the Department's definition of "service audits." | This is revised to say, " Special emphasis will be placed upon experience in performing similar services for State or Federal government human services organizations." (delete "audits") |
| 121 | 7.2 Critical Elements of the Technical Proposal | 53 | In reference to the Offeror's Qualifications, the RFP states "Include a summary of technical and delivery systems used or interfaced in the above projects." Please provide examples of what "technical and delivery systems" are used or interfaced in the Virginia Enrollment Broker Services project. | The DMAS VAMMIS is an example. Others are listed in the RFP. |
| 122 | 7.2 Critical Elements of the Technical Proposal | 54 | In reference to the Offeror's Qualifications, the RFP states "Describe the Enrollment Broker's previous experience in auditing its service and operations functions in similar projects." Please clarify what is meant by "auditing its service and operations functions" and/or provide examples of they type of | Revised as follows: "Describe the Enrollment Broker's previous experience with Enrollment Broker and Call Center service and operations functions in similar projects." (Delete reference to audits). |

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| | | | information the Department requires. | |
| 123 | 7.2 Critical Elements of the Technical Proposal | 54 | The RFP calls for the Offeror to submit a Project Plan and an Implementation Plan. The description provided relative to the Project Plan suggests that it is a preliminary project implementation plan. Please clarify the difference between these plans and what information is required. Can these plans be consolidated into one Implementation Plan? | Yes. |
| 124 | 7.2 Critical Elements – Auditing | 55 | After 28 years in the business we have developed a variety of techniques and procedures that can be used to audit Enrollment Broker/Helpline Staff. These processes are usually modified to fit the specific project. This section seems to imply that there is a set procedure to accomplish this task, one, unfortunately, with which we are unfamiliar. To that end, would you please explain what you mean by a daily standard audit form, and production scores? Could you provide a sample of such a form? | Offeror's must submit a description of how enrollment and education-related activities will be audited internally for quality and confidentiality assurance. Also include any daily monitoring activities. Include for example, any telephone audit forms, if/how points are assigned to key areas, using quality control criteria etc. |
| 125 | 7.2 Summary of Key Staff | 55 | Would the Department consider the submission of a detailed job description for key personnel in lieu of a resume? | If the position is filled, a resume is required. If the position is not yet filled a detailed job description will be accepted in lieu of a resume. |
| 126 | 7.2 Critical Elements – Cost Proposal | 56 | This section states the Department wants two cost sheets one for the total project | The Department wants a separate pricing sheet for each program. See |

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| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| | | | and a separate sheet for optional EPSDT services. Does the Department want only two cost sheets? | revised Attachment III. |
| 127 | 7.2 Critical Elements of the Technical Proposal | 56 | The RFP requires that the software description provide a schematic overview of the system, volume capacities, file layouts, edits, language in which the software is written…" For volume capacity, does the Department want to know the outermost limit of records that can be maintained in the database? For edits, does the Department want a complete table of all edits? | Volume capacity should indicate any system limitations on the number of records for recipients, providers, or historical enrollment data.<br><br>For edits, please provide a general overview of the types of standard system edits available for online and batch processing. |
| 128 | 7.2 Critical Elements of the Technical Proposal | 56 | The RFP requires information about the proposed methodology to interface with the VAMMIS and accept data from participating health plans. Does the current VAMMIS accept HIPAA 834 transactions? If there is a standard format for data supplied from the health plans please provide a sample file layout. | Electronic batch updates (EDI) to VAMMIS are not currently supported. All recipient enrollment updates are currently done via VAMMIS online.<br><br>***Refer to Attachment XXV and Attachment XXV (b)*** for the format of the provider files supplied by the health plans. The health plans do not provide enrollment data to the enrollment broker. |
| 129 | 7.3 Binding of Proposal | 57 | The last paragraph of this section indicates that an electronic copy of the Technical Proposal in MS Word and an electronic copy of the Cost Proposal in MS Excel be submitted. Is it acceptable to | The Technical and Cost proposals must be submitted as described in the RFP. The redacted Technical proposal shall be in PDF format. |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| | | | submit these electronic copies in PDF formats as opposed to the MS formats? | |
| 130 | 7.5 Submission Requirements | 57 | In addition to clearly stating the reasons for designating portions of the proposal as proprietary, the third paragraph of this section states that all proprietary information must be identified in writing or other tangible form and labeled as such. Would a table listing the specific sections and subsections of the proposal be sufficient for this requirement? | Yes. |
| 131 | 7.6 Transmittal Letter | 58 | The RFP requires us to provide signed references from our current contracts which include both Medicaid and SCHIP Projects (none in Virginia). Item 1. a) in this section seems to indicate that the Commonwealth also wants this information listed in the transmittal Letter. Please clarify what the appropriate response is for this item. | The references information is not needed in the transmittal letter. |
| 132 | 7.11 RFP Schedule of Events | 60 | Please clarify the Implementation Date of November 1, 2008. Is that the start date of the implementation? What is the targeted "Go Live" date for HelpLine, enrollment, and other key operational functions for each program described in the RFP (VALTC, EPDST, etc)? | The initial VALTC Pilot is currently slated to begin February 1, 2009; however, the EB will need to have enrollment materials developed and be capable of answering all calls, including VALTC calls, by November 2008. |
| 133 | 8.1 Evaluation of Minimum Requirements | 62 | This section indicates that all mandatory General and Special Terms and Conditions contained in Sections 10 and | Point #1 – you are correct.<br>Point #2 – Yes. |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| | | | 11 shall be accepted. First, please confirm that the Department is referring to the General and Special Terms and Conditions contained in RFP Sections 9 and 10. Second, is it acceptable to indicate review, understanding, and agreement with these terms and conditions in the Transmittal Letter? | |
| 134 | 8.2 Proposal Evaluation Criteria | 63 | Please indicate which pricing will be used for scoring the proposal, whether it will be one year or three years, and whether it will include separately priced services. | Total costs will be used in the evaluation process. |
| 135 | 9.3 Anti-Discrimination | 65 | The stand alone sentence at the end of the first paragraph seems have inaccurate sections cited (i.e., 10.3.1 and 10.3.2). Should they not be 9.3.1 and 9.3.2? | The correct reference should be 9.3.1 and 9.3.2. |
| 136 | 9.3.2 Anti-Discrimination | 65 | This section refers to the provisions of 10.3.1. Should this not be 9.3.1? | The correct reference should be 9.3.1. |
| 137 | 9.21 eVA registration | 71-72<br>c. & d. | Please explain what the Vendor Transaction Fee is and when is it imposed. | Refer back to 9.21 or refer to www.eVA.virginia.gov under Billing, Frequently Asked Questions. |
| 138 | 10.7 Performance Bonds | 76 | In the 28 years we have provided contracted services to State Government we have never been able to procure a performance bond for the kind of project detailed in this RFP. We have, however, been able to procure letters of credit that have been acceptable for this purpose. Would the Commonwealth accept a letter | An irrevocable letter of credit would be acceptable. |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| | | | of credit in lieu of a pure performance bond? | |
| 139 | 10.7 Performance Bonds | 76 | Would the Department provide a list of companies approved by the State Corporation Commission to transact business in the Commonwealth of Virginia who issue performance bonds for Enrollment Broker or similar contracts? | The Offeror should check with the State Corporation Commission or your Bond Company should be able to tell you if they are licensed to do business in Virginia and provide you with a copy of their license. |
| 140 | 10.11 Small Business Subcontracting and Evidence of Compliance | 78 | This section of the RFP refers to the Small Business Subcontracting Plan (Attachment XI). Could the State acknowledge that this should be Attachment II? | So acknowledged. |
| 141 | 10.11 Small Business Subcontracting and Evidence of Compliance | 78 | The State notes that a goal of 40% of its purchases be made from small businesses. Is this 40% figure the desired amount that the State would require from a contractor (in their Small Business Subcontracting Plan) for a contractor to receive the full allotment of points for their SWAM Planned Utilization? Or will the highest % of all of the qualified bidders be the bar in which all of the other contractors will be judged? | 40% is the aspirational goal for the Commonwealth. In order for a contractor to receive the maximum SBE points, that contractor must be a certified small business. Each offeror's Small Business Subcontracting Plan is evaluated separately. |
| 142 | 10.11 Small Business Subcontracting and Evidence of Compliance | 78 | Does the State score higher a response that utilizes a higher % of Minority and/or Women Businesses versus a higher % of Small Businesses or visa versa? | The key here is that the business must be a certified small business. Minority and Women owned businesses that are also certified as a small business would also receive credit. |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| 143 | 10.11 Small Business Subcontracting and Evidence of Compliance | 78 | To meet the Small Business Utilization requirement, does a contractor need to utilize Women and Minority Businesses or does Small Businesses utilization qualify as well? | See above. |
| 144 | 10.11 Small Businesses Subcontracting and Evidence of Compliance | 78 | If bidders have a national contract with a vendor that is not a registered SWAM vendor, but has affiliates who are registered SWAM vendors, may the bidder report utilization of the affiliate vendor (although the invoices and payments would come from and go to the parent company and the parent company would then pay the affiliate) as part of its planned SWAM utilization? | Only those sub-contractors that are certified small businesses could be counted. Payments by the prime contractor to your "national contract" non- certified vendor would not count nor would payments from your "national contract" non- certified vendor to their affiliates. |
| 145 | 10.11 Small Business Subcontracting and Evidence of Compliance ; 8.2, #5; and Attachment II | 63 and 78 and 84 | Please clarify how points for SWAM Planned Utilization are awarded. Are all costs included when evaluating SWAM utilization (for instance, direct labor costs) or is the evaluation based on the use of SWAM subcontractors and vendors? What is the target (total dollar value or percentage of subcontractor/vendor costs) SWAM utilization for this contract? | All costs are utilized in determining the allocation of points. There is no target amount or percentage for Small Business Utilization for this contract. |
| 146 | 10.23 Best and Final Offer | 81 | Will the BAFO process include only the submission of a revised price proposal or will bidders have the opportunity to change parts of their technical proposal? | BAFO will only ask for a revised price. |
| 147 | Attachment I - References | 83 | Would the Department please provide clarification regarding what information | Any amount recovered under another contract – cost savings or |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| | | | should be included under "Amount Recovered"? | cost avoidance. |
| 148 | 7.2 Attachment I | 55 and 83 | The RFP asks for a minimum of three (3) references. However, later states that "the proposal must include references from all state governments that the Offeror is currently under contract with for similar services outlined in this RFP." Some bidders have similar active contracts with a multitude of state governments and/or Medicaid agencies. In lieu of obtaining written references from all active similar projects, is it acceptable to comply with the requirement that bidders obtain a minimum of three (3) written references and provide customer contact information and project descriptions for all other active contracts for similar (Enrollment Broker) contracts? | It is acceptable to obtain and submit a minimum of three (3) written references provide customer contact information and project descriptions for all other active contracts for similar (Enrollment Broker) contracts. |
| 149 | Attachment III – Cost Proposal | 87 | Separately priced services are requested in various parts of the RFP. Does the Department want a separate cost sheet for each service, with a total sheet summarizing all prices? Also, to ensure responsiveness, please provide a concise listing of all separately priced services. | Separate cost sheets for each service – See revised Attachment III. |
| 150 | Attachment III – Cost Proposal | 87 | Please confirm that the note on G&A costs means that the Department wants the direct costs prices "loaded" to incorporate these charges. | Correct. |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| 151 | Attachment III. | 87 | Should consideration for the future enrollment of VALTC and EDCD Waiver participants slated to begin in 2009 be included in the cost proposal or should consideration be given in a contract amendment at the time of implementation? | The VALTC cost proposal should include estimated enrollment. |
| 152 | Attachment III | 87 | How will the Contractor be reimbursed for costs incurred during the implementation phase? In addition, please clarify whether the Department requires bidders to submit pricing responses for the three one-year options. | All costs associated with the initial three year contract must be included on Attachment III. DMAS is not asking for pricing for the optional years |
| 153 | Attachment III | 87 | Does the State want bidders to include VALTC related costs in the cost form provided, or should the pricing response for VALTC-related costs be provided in another format or pricing form? | See revised Attachment III. |
| 154 | Attachment III | 87 | Please clarify the desired format for pricing optional HelpLine services and web-based enrollment. | See revised Attachment III. |
| 155 | Attachment IV | 88 | Attachment IV - Weekly Managed Care Helpline Activity Report - Please provide the Average Talk Time in minutes. | The Activity Summary Report shows talk time in seconds. This is currently how it is reported. |
| 156 | Attachment XVII | 103 | Attachment XVII - Monthly VAMMIS Extract File Layout - Please indicate specifically which files will be provided by the Department, i.e. - Enrollment File, | 1. Recipient Extract (Recipient Demographic and Eligibility Info) - Attachment XVII. Provided by the Department / |

| RFP 2008-06<br>Enrollment Broker Services | | | | |
|---|---|---|---|---|
| Questions - Responses | | | | |
| Question Number | RFP Section Reference | RFP Page Number | Question | Response |
| | | | Eligibility file. etc.... | First Health.<br>2. Recipient Case Extract (Recipient Head of Household/ Contact Info) - Attachment XVII. Provided by the Department / First Health.<br>3. MEDALLION PCP Provider File - Attachment XXV. Provided by the Department via website.<br>4. Medallion II / MCO Provider File - Attachment XXV (b). Provided by the health plans |

ATTACHMENT III (a) - COST PROPOSAL:
Offeror's Cost Details for Pricing Medallion II Services

| **Enrollment Broker Services – Medallion II** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Direct Costs** | | **Year 1** | **Year 2** | **Year 3** | | **TOTAL** |
| **Labor** (by Individual or staff category) | | | | | | |
| *Subtotal Labor* | | | | | | |
| Benefits | | | | | | |
| **Total Labor** | | | | | | |
| | | | | | | |
| Rent | | | | | | |
| Travel | | | | | | |
| Depreciation | | | | | | |
| Equipment | | | | | | |
| Furniture | | | | | | |
| Office Supplies | | | | | | |
| Software | | | | | | |
| Temporary Help | | | | | | |
| Recruitment | | | | | | |
| Postage/Delivery | | | | | | |
| Telephone/Fax | | | | | | |
| Parking | | | | | | |
| Misc (detailed) | | | | | | |
| **Total Other Direct** | | | | | | |
| **TOTAL** | | | | | | |

**Note:** General and Administrative and other indirect costs must be included in the direct cost figures. (The Department will not consider G&A or other fees as a separate line item.)

The Department would like the Contractor to provide pricing based upon specifications provided in Sections 3 and 4.

The Offeror must provide a reasonable hourly rate charge for each system change in excess of forty hours as described in Section 3.31.

Offerors must include an estimate of call volume, for each of the populations described in the RFP, in its Technical Proposal. Upon contract award, all populations that are included in the final contract will be totaled. Call volume that exceeds 40% of the total estimate (all populations under contract combined) would be eligible for additional reimbursement. Offerors must include a cost proposal provision for call volume in excess of more than 40% of the total call volume projected.

**ATTACHMENT III (b) - COST PROPOSAL:**
Offeror's Cost Details for Pricing MEDALLION Services

| **Enrollment Broker Services MEDALLION** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Direct Costs** | | **Year 1** | **Year 2** | **Year 3** | | **TOTAL** |
| **Labor** (by Individual or staff category) | | | | | | |
| *Subtotal Labor* | | | | | | |
| Benefits | | | | | | |
| **Total Labor** | | | | | | |
| | | | | | | |
| Rent | | | | | | |
| Travel | | | | | | |
| Depreciation | | | | | | |
| Equipment | | | | | | |
| Furniture | | | | | | |
| Office Supplies | | | | | | |
| Software | | | | | | |
| Temporary Help | | | | | | |
| Recruitment | | | | | | |
| Postage/Delivery | | | | | | |
| Telephone/Fax | | | | | | |
| Parking | | | | | | |
| Misc (detailed) | | | | | | |
| **Total Other Direct** | | | | | | |
| **TOTAL** | | | | | | |

**Note:** General and Administrative and other indirect costs must be included in the direct cost figures. (The Department will not consider G&A or other fees as a separate line item.)

The Department would like the Contractor to provide pricing based upon specifications provided in Sections 3 and 4.

The Offeror must provide a reasonable hourly rate charge for each system change in excess of forty hours as described in Section 3.31.

Offerors must include an estimate of call volume, for each of the populations described in the RFP, in its Technical Proposal. Upon contract award, all populations that are included in the final contract will be totaled. Call volume that exceeds 40% of the total estimate (all populations under contract combined) would be eligible for additional reimbursement. Offerors must include a cost proposal provision for call volume in excess of more than 40% of the total call volume projected.

**ATTACHMENT III (c) - COST PROPOSAL:**
**Offeror's Cost Details for Pricing Virginia Acute and Long Term Care (VALTC) Services**

| **Enrollment Broker Services - VALTC** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Direct Costs** | | **Year 1** | **Year 2** | **Year 3** | | **TOTAL** |
| **Labor** (by Individual or staff category) | | | | | | |
| *Subtotal Labor* | | | | | | |
| Benefits | | | | | | |
| **Total Labor** | | | | | | |
| | | | | | | |
| Rent | | | | | | |
| Travel | | | | | | |
| Depreciation | | | | | | |
| Equipment | | | | | | |
| Furniture | | | | | | |
| Office Supplies | | | | | | |
| Software | | | | | | |
| Temporary Help | | | | | | |
| Recruitment | | | | | | |
| Postage/Delivery | | | | | | |
| Telephone/Fax | | | | | | |
| Parking | | | | | | |
| Misc (detailed) | | | | | | |
| **Total Other Direct** | | | | | | |
| **TOTAL** | | | | | | |

**Note:** General and Administrative and other indirect costs must be included in the direct cost figures. (The Department will not consider G&A or other fees as a separate line item.)

The Department would like the Contractor to provide pricing based upon specifications provided in Sections 3 and 4.

The Offeror must provide a reasonable hourly rate charge for each system change in excess of forty hours as described in Section 3.31.

Offerors must include an estimate of call volume, for each of the populations described in the RFP, in its Technical Proposal. Upon contract award, all populations that are included in the final contract will be totaled. Call volume that exceeds 40% of the total estimate (all populations under contract combined) would be eligible for additional reimbursement. Offerors must include a cost proposal provision for call volume in excess of more than 40% of the total call volume projected.

**ATTACHMENT III (d) - COST PROPOSAL:**

Offeror's Cost Details for Pricing EPSDT Services

| **Enrollment Broker Services - EPSDT** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Direct Costs** | | **Year 1** | **Year 2** | **Year 3** | | **TOTAL** |
| **Labor** (by Individual or staff category) | | | | | | |
| *Subtotal Labor* | | | | | | |
| Benefits | | | | | | |
| **Total Labor** | | | | | | |
| | | | | | | |
| Rent | | | | | | |
| Travel | | | | | | |
| Depreciation | | | | | | |
| Equipment | | | | | | |
| Furniture | | | | | | |
| Office Supplies | | | | | | |
| Software | | | | | | |
| Temporary Help | | | | | | |
| Recruitment | | | | | | |
| Postage/Delivery | | | | | | |
| Telephone/Fax | | | | | | |
| Parking | | | | | | |
| Misc (detailed) | | | | | | |
| **Total Other Direct** | | | | | | |
| **TOTAL** | | | | | | |

**Note:** General and Administrative and other indirect costs must be included in the direct cost figures. (The Department will not consider G&A or other fees as a separate line item.)

The Department would like the Contractor to provide pricing based upon specifications provided in Sections 3 and 4.

Offerors must include an estimate of call volume, for each of the populations described in the RFP, in its Technical Proposal. Upon contract award, all populations that are included in the final contract will be totaled. Call volume that exceeds 40% of the total estimate (all populations under contract combined) would be eligible for additional reimbursement. Offerors must include a cost proposal provision for call volume in excess of more than 40% of the total call volume projected.

**ATTACHMENT III (e) - COST PROPOSAL:**

Offeror's Cost Details for Pricing Enrollment and Education Services

| **Enrollment Broker Services MISCELLANEOUS-** | | | | | | |
|---|---|---|---|---|---|---|
| **Website** | | | | | | |
| **Direct Costs** | | **Year 1** | **Year 2** | **Year 3** | | **TOTAL** |
| **Labor** (by Individual or staff category) | | | | | | |
| *Subtotal Labor* | | | | | | |
| Benefits | | | | | | |
| **Total Labor** | | | | | | |
| **Features:** | | | | | | |
| • Secure online enrollment | | | | | | |
| • HSA form on line | | | | | | |
| • Video presentation of program highlights on line | | | | | | |
| • Miscellaneous web based features: list different features and details | | | | | | |
| | | | | | | |
| **Call Volume Overage** | | | | | | |
| Proposed additional cost per overage calls in excess of more than 40 % of the total predicted call volume (for all populations). | | | | | | |
| | | | | | | |
| **Total Other Direct** | | | | | | |
| **TOTAL** | | | | | | |

**Note:** General and Administrative and other indirect costs must be included in the direct cost figures. (The Department will not consider G&A or other fees as a separate line item.)

The Department would like the Contractor to provide pricing based upon specifications provided in Sections 3 and 4.

The Offeror must provide a reasonable hourly rate charge for each system change in excess of forty hours as described in Section 3.31.

Offerors must include an estimate of call volume, for each of the populations described in the RFP, in its Technical Proposal. Upon contract award, all populations that are included in the final contract will be totaled. Call volume that exceeds 40% of the total estimate (all populations under contract combined) would be eligible for additional reimbursement. Offerors must include a cost proposal provision for call volume in excess of more than 40% of the total call volume projected.

## REVISED ATTACHMENT X - MANAGED CARE OPEN ENROLLMENT EFFECTIVE DATES

| | | | | | |
|---|---|---|---|---|---|
| **CENTRAL VIRGINIA REGION<br>LETTERS MAIL LATE JANUARY. RECIPIENTS CALL FEBRUARY AND MARCH. CHANGES EFFECTIVE APRIL 1** | | | | | |
| 001 | ACCOMACK | 081 | GREENSVILLE | 133 | NORTHUMBERLAND |
| 007 | AMELIA | 085 | HANOVER | 135 | NOTTOWAY |
| 025 | BRUNSWICK | 087 | HENRICO | 730 | PETERSBURG |
| 033 | CAROLINE | 670 | HOPEWELL | 145 | POWHATAN |
| 036 | CHARLES CITY | 097 | KING AND QUEEN | 147 | PRINCE EDWARD |
| 041 | CHESTERFIELD | 099 | KING GEORGE | 149 | PRINCE GEORGE |
| 570 | COLONIAL HEIGHTS | 101 | KING WILLIAM | 760 | RICHMOND CITY |
| 049 | CUMBERLAND | 103 | LANCASTER | 159 | RICHMOND CO. |
| 053 | DINWIDDIE | 111 | LUNENBURG | 175 | SOUTHAMPTON |
| 595 | EMPORIA | 115 | MATHEWS | 177 | SPOTSYLVANIA |
| 057 | ESSEX | 117 | MECKLENBURG | 179 | STAFFORD |
| 620 | FRANKLIN CITY | 119 | MIDDLESEX | 181 | SURRY |
| 630 | FREDERICKSBURG | 127 | NEW KENT | 183 | SUSSEX |
| 075 | GOOCHLAND | 131 | NORTHAMPTON | 193 | WESTMORELAND |
| **TIDEWATER REGION<br>LETTERS MAIL LATE APRIL. RECIPIENTS CALL MAY AND JUNE. CHANGES EFFECTIVE JULY 1** | | | | | |
| 550 | CHESAPEAKE | 700 | NEWPORT NEWS | 800 | SUFFOLK |
| 073 | GLOUCESTER | 710 | NORFOLK | 810 | VIRGINIA BEACH |
| 650 | HAMPTON | 735 | POQUOSON | 830 | WILLIAMSBURG |
| 093 | ISLE OF WIGHT | 740 | PORTSMOUTH | 199 | YORK |
| 095 | JAMES CITY CO. | | | | |
| **NORTHERN, CULPEPER, AND WINCHESTER REGIONS<br>LETTERS MAIL LATE JUNE. RECIPIENTS CALL JULY AND AUGUST. CHANGES EFFECTIVE SEPTEMBER 1** | | | | | |
| 510 | ALEXANDRIA | 059 | FAIRFAX CO. | 683 | MANASSAS CITY |
| 013 | ARLINGTON | 610 | FALLS CHURCH | 685 | MANASSAS PARK |
| 047 | CULPEPER | 061 | FAUQUIER | 153 | PRINCE WILLIAM |
| 600 | FAIRFAX CITY | 107 | LOUDOUN | 139 | PAGE |
| 157 | RAPPAHANNOCK | 069 | FREDERICK | 043 | CLARKE |
| 171 | SHENANDOAH | 187 | WARREN | 840 | WINCHESTER |
| **NEAR SOUTHWEST AND WEST REGIONS<br>LETTERS MAIL LATE AUG. RECIPIENTS CALL SEPT. AND OCT. CHANGES EFFECTIVE NOVEMBER 1** | | | | | |
| 003 | ALBEMARLE | 065 | FLUVANNA | 137 | ORANGE |
| 009 | AMHERST | 067 | FRANKLIN CO.* | 141 | PATRICK* |
| 011 | APPOMATTOX | 071 | GILES* | 143 | PITTSYLVANIA |
| 015 | AUGUSTA | 079 | GREENE | 155 | PULASKI* |
| 515 | BEDFORD CITY* | 083 | HALIFAX | 750 | RADFORD* |
| 019 | BEDFORD CO.* | 660 | HARRISONBURG | 770 | ROANOKE CITY* |
| 023 | BOTETOURT* | 089 | HENRY* | 161 | ROANOKE CO.* |
| 029 | BUCKINGHAM | 678 | LEXINGTON* | 163 | ROCKBRIDGE* |
| 530 | BUENA VISTA* | 109 | LOUISA | 165 | ROCKINGHAM |
| 031 | CAMPBELL | 680 | LYNCHBURG | 775 | SALEM* |
| 037 | CHARLOTTE | 113 | MADISON | 790 | STAUNTON |
| 540 | CHARLOTTESVILLE | 690 | MARTINSVILLE* | 820 | WAYNESBORO |
| 590 | DANVILLE | 121 | MONTGOMERY* | 197 | WYTHE* |
| 063 | FLOYD* | 125 | NELSON | | |
| **MEDALLION<br>LETTERS MAIL LATE NOV. RECIPIENTS CALL DECEMBER AND JANUARY. CHANGES EFFECTIVE FEBRUARY 1** | | | | | |
| 005 | ALLEGHANY | 077 | GRAYSON | 191 | WASHINGTON |
| 017 | BATH | 091 | HIGHLAND | 195 | WISE |
| 021 | BLAND | 105 | LEE | 520 | BRISTOL |
| 027 | BUCHANAN | 167 | RUSSELL | 580 | COVINGTON |
| 035 | CARROLL | 169 | SCOTT | 640 | GALAX |
| 045 | CRAIG | 173 | SMYTH | 720 | NORTON |
| 051 | DICKENSON | 185 | TAZEWELL | | |
| **VALTC TIDEWATER OPEN ENROLLMENT LETTERS MAIL LATE NOV.<br>RECIPIENTS CALL DECEMBER AND JANUARY. CHANGES EFFECTIVE FEBRUARY 1 (See Attachment XXII for localities)** | | | | | |
| **VALTC CENTRAL VIRGINIA OPEN ENROLLMENT – TO BE DETERMINED - (See Attachment XXII for localities)** | | | | | |

**Attachment XXIV**
**Enrollment Materials Mailed by Month for Contract Year 2007-2008**

| Items Mailed | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Charts | 10,002 | 9,621 | 67,495 | 10,340 | 53,051 | 9,557 | 63,530 | 12,410 | 11,662 | 10,510 | 10,434 | 75,255 |
| PCP Brochures | 1,349 | 1,267 | 1,495 | 1,349 | 1,220 | 1,309 | 1,425 | 1,365 | 1,486 | 1,370 | 1,316 | 1,143 |
| MCO Brochures | 10,002 | 9,621 | 10,493 | 10,340 | 9,100 | 9,557 | 16,862 | 12,410 | 11,662 | 10,510 | 10,434 | 9,292 |

**Enrollment Materials Cost - Contract Year 2007-2008**

| | | |
|---|---|---|
| Total Charts | 413,800 | $34,256 |
| PCP Brochures | 16,000 | $1,199 |
| MCO Brochures | 151,000 | $8,173 |
| **Total** | **580,800** | **$43,628** |

**Refer to questions 55-59*

**ATTACHMENT XXV MONTHLY MEDALLION PROVIDER FILE FORMAT**

REG_NUM
REG_COD
REG
LOC
CTY
SPC_COD
SPC
PHY
FMT_IND
ACT
AD1
AD2
AD3
CIT
STA
BLK1
ZIP
DAS
EXT
PHO
APT_COD
SCD
NEW_COD
NEW_COD
REC_NO

**This is the format of the hard and electronic copy that is made available to the Enrollment Broker monthly through the Department's mailing vendor.*

**Attachment XXV (b) Monthly Medallion II Provider File Format**

| Number | Data Element | Type | Size | Start | Stop |
|---|---|---|---|---|---|
| 1 | MCO Code* | numeric | 10 | 1 | 10 |
| 2 | Action Ind* (A=Active, D=Delete) | alpha | 1 | 11 | 11 |
| 3 | Clinic/PCP Ind* (P=PCP, C=Clinic) | alpha | 1 | 12 | 12 |
| 4 | Provider Number ** | alpha | 15 | 13 | 27 |
| 5 | Program Code* (M2=Medallion II, OP=Options) | alpha | 2 | 28 | 29 |
| 6 | Provider Last Name* | alpha | 30 | 30 | 59 |
| 7 | Provider First Name* | alpha | 30 | 60 | 89 |
| 8 | Address Line 1 | alpha | 30 | 90 | 119 |
| 9 | Address Line 2 | alpha | 30 | 120 | 149 |
| 10 | City | alpha | 30 | 150 | 179 |
| 11 | Zip Code | numeric | 9 | 180 | 188 |
| 12 | Phone Area Code | numeric | 3 | 189 | 191 |
| 13 | Phone Number | numeric | 7 | 192 | 198 |
| 14 | Phone Extension | numeric | 4 | 199 | 202 |
| 15 | Office Hours | alpha | 25 | 203 | 227 |
| 16 | Specialty Code (see below) | alpha | 1 | 228 | 228 |
| 17 | Language 1 (see below) | alpha | 2 | 229 | 230 |
| 18 | Language 2 | alpha | 2 | 231 | 232 |
| 19 | Language 3 | alpha | 2 | 233 | 234 |
| 20 | Language 4 | alpha | 2 | 235 | 236 |
| 21 | Language 5 | alpha | 2 | 237 | 238 |

* This filed must be included for every record in the file

| **Specialty Codes** | **Languages** |
|---|---|
| C=Clinic | SP=Spanish |
| F=Family | GR=German |
| G=General | FR=French |
| I=Internist | IT=Italian |
| O=OB/GYN | RS=Russian |
| P=Pediatrics | |
| X=Other | |

# ATTACHMENT XXVI

## Managed Care Enrollment Report
## May 2008

**Enrollments - This Month**

| FFS* | | | MEDALLION* | | | Medallion II* | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| 241,928 | | | 52,121 | | | 416,302 | | | 710,351 |
| 34% | | | 7% | | | 59% | | | 100% |
| FFS | AC 094 | FAMIS Plus | MEDALLION | AC 094 | FAMIS Plus | Medallion II | AC 094 | FAMIS Plus | |
| 182,736 | 4,700 | 54,492 | 18,965 | 3,447 | 29,709 | 110,227 | 28,645 | 277,430 | |
| 76% | 2% | 23% | 36% | 7% | 57% | 26% | 7% | 67% | |

**Enrollments - Last Month**

| FFS* | | | MEDALLION* | | | Medallion II* | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| 245,446 | | | 51,564 | | | 412,459 | | | 709,469 |
| 35% | | | 7% | | | 58% | | | 100% |
| FFS | AC 094 | FAMIS Plus | MEDALLION | AC 094 | FAMIS Plus | Medallion II | AC 094 | FAMIS Plus | |
| 183,677 | 4,878 | 56,891 | 18,742 | 3,500 | 29,322 | 109,320 | 28,513 | 274,626 | |
| 75% | 2% | 23% | 36% | 7% | 57% | 27% | 7% | 67% | |

**Medallion II Enrollment**

| Previous Month | Net Change This Month | This Month's Enrollment |
|---|---|---|
| 412,459 | 3,843 | 416,302 |

**MEDALLION Enrollment**

| Previous Month | Net Change This Month | This Month's Enrollment |
|---|---|---|
| 51,564 | 557 | 52,121 |

**Medallion II Pre-Assignment Status**

| | Number | Percent |
|---|---|---|
| Pre-assign: | 43,884 | 100% |
| Change: | 166 | 0% |
| Accepted: | 43,718 | 100% |

**MEDALLION Pre-Assignment Status**

| | Number | Percent |
|---|---|---|
| Pre-assign: | 5,718 | 100% |
| Change: | 762 | 13% |
| Accepted: | 4,956 | 87% |

**Enrollment by MCO***

| | This Month | Percent | Change |
|---|---|---|---|
| Optima FC by Optima | 121,710 | 29% | 1,267 |
| Anthem by Penninsula | 19,786 | 5% | 118 |
| Anthem by Priority | 25,232 | 6% | 1 |
| Anthem by HealthKeepers | 96,294 | 23% | 884 |
| Virginia Premier | 114,841 | 28% | 1,143 |
| CareNet by Southern Hlth | 17,080 | 4% | 147 |
| AMERIGROUP: | 21,359 | 5% | 283 |
| **Total** | **416,302** | **100%** | **3,843** |

**Program Analysis**

| | FFS | MEDALLION | Medallion II |
|---|---|---|---|
| Low Inc Families w Children | 19,001 | 6,909 | 57,582 |
| Aged | 41,609 | 26 | 215 |
| Blind / Disabled | 56,181 | 495 | 2,061 |
| Adult SSI | 61,106 | 9,396 | 33,334 |
| Child SSI | 4,839 | 2,139 | 17,035 |
| FAMIS Plus | 54,492 | 29,709 | 277,430 |
| Medicaid Expansion (AC 094) | 4,700 | 3,447 | 28,645 |
| **Total** | **241,928** | **52,121** | **416,302** |

**MEDALLION PCP Availabilty**

| PCP Physicians (Receiving Fee) | Total Slots Defined | Total Slots Available | Slots Available for Assignment | Eligibles to be Assigned |
|---|---|---|---|---|
| 1,303 | 655,255 | 589,283 | 65,972 | 3,019 |

* Includes AC 094 and FAMIS Plus

FAMIS Plus includes: (ACs 072, 074, 075, 076, 081, 082, 083, 085, 086, 088, 090, 092, 093, 098, and 099 where age <21) and (AC 091age where <6).

# ATTACHMENT XXVI

## Managed Care Enrollment Report
## June 2008

**Enrollments - This Month**

| FFS* | | | MEDALLION* | | | Medallion II* | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| 245,052 | | | 52,238 | | | 418,537 | | | **715,827** |
| 34% | | | 7% | | | 58% | | | **100%** |
| FFS | AC 094 | FAMIS Plus | MEDALLION | AC 094 | FAMIS Plus | Medallion II | AC 094 | FAMIS Plus | |
| 184,186 | 4,641 | 56,225 | 18,989 | 3,527 | 29,722 | 110,428 | 28,779 | 279,330 | |
| 75% | 2% | 23% | 36% | 7% | 57% | 26% | 7% | 67% | |

**Enrollments - Last Month**

| FFS* | | | MEDALLION* | | | Medallion II* | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| 241,928 | | | 52,121 | | | 416,302 | | | **710,351** |
| 34% | | | 7% | | | 59% | | | **100%** |
| FFS | AC 094 | FAMIS Plus | MEDALLION | AC 094 | FAMIS Plus | Medallion II | AC 094 | FAMIS Plus | |
| 182,736 | 4,700 | 54,492 | 18,965 | 3,447 | 29,709 | 110,227 | 28,645 | 277,430 | |
| 76% | 2% | 23% | 36% | 7% | 57% | 26% | 7% | 67% | |

**Medallion II Enrollment**

| Previous Month | Net Change This Month | This Month's Enrollment |
|---|---|---|
| 416,302 | 2,235 | 418,537 |

**MEDALLION Enrollment**

| Previous Month | Net Change This Month | This Month's Enrollment |
|---|---|---|
| 52,121 | 117 | 52,238 |

**Medallion II Pre-Assignment Status**

| | Number | Percent |
|---|---|---|
| Pre-assign: | 40,348 | 100% |
| Change: | 182 | 0% |
| Accepted: | 40,166 | 100% |

**MEDALLION Pre-Assignment Status**

| | Number | Percent |
|---|---|---|
| Pre-assign: | 4,856 | 100% |
| Change: | 744 | 15% |
| Accepted: | 4,112 | 85% |

**Enrollment by MCO***

| | This Month | Percent | Change |
|---|---|---|---|
| Optima FC by Optima | 121,874 | 29% | 164 |
| Anthem by Penninsula | 19,808 | 5% | 22 |
| Anthem by Priority | 25,008 | 6% | (224) |
| Anthem by HealthKeepers | 97,302 | 23% | 1,008 |
| Virginia Premier | 115,648 | 28% | 807 |
| CareNet by Southern Hlth | 17,194 | 4% | 114 |
| AMERIGROUP: | 21,703 | 5% | 344 |
| **Total** | **418,537** | **100%** | **2,235** |

**Program Analysis**

| | FFS | MEDALLION | Medallion II |
|---|---|---|---|
| Low Inc Families w Children | 19,132 | 6,934 | 58,076 |
| Aged | 41,907 | 24 | 216 |
| Blind / Disabled | 56,901 | 501 | 2,078 |
| Adult SSI | 61,294 | 9,398 | 33,148 |
| Child SSI | 4,952 | 2,132 | 16,910 |
| FAMIS Plus | 56,225 | 29,722 | 279,330 |
| Medicaid Expansion (AC 094) | 4,641 | 3,527 | 28,779 |
| **Total** | **245,052** | **52,238** | **418,537** |

**MEDALLION PCP Availabilty**

| PCP Physicians (Receiving Fee) | Total Slots Defined | Total Slots Available | Slots Available for Assignment | Eligibles to be Assigned |
|---|---|---|---|---|
| 1,307 | 652,415 | 586,058 | 66,357 | 2,493 |

* Includes AC 094 and FAMIS Plus

FAMIS Plus includes: (ACs 072, 074, 075, 076, 081, 082, 083, 085, 086, 088, 090, 092, 093, 098, and 099 where age <21) and (AC 091age where <6).

# ATTACHMENT XXVI

## Managed Care Enrollment Report
## July 2008

**Enrollments - This Month**

| FFS* | | | MEDALLION* | | | Medallion II* | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| 242,587 | | | 52,173 | | | 420,207 | | | 714,967 |
| 34% | | | 7% | | | 59% | | | 100% |
| FFS | AC 094 | FAMIS Plus | MEDALLION | AC 094 | FAMIS Plus | Medallion II | AC 094 | FAMIS Plus | |
| 183,670 | 4,451 | 54,466 | 19,131 | 3,492 | 29,550 | 110,685 | 28,796 | 280,726 | |
| 76% | 2% | 22% | 37% | 7% | 57% | 26% | 7% | 67% | |

**Enrollments - Last Month**

| FFS* | | | MEDALLION* | | | Medallion II* | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| 245,052 | | | 52,238 | | | 418,537 | | | 715,827 |
| 34% | | | 7% | | | 58% | | | 100% |
| FFS | AC 094 | FAMIS Plus | MEDALLION | AC 094 | FAMIS Plus | Medallion II | AC 094 | FAMIS Plus | |
| 184,186 | 4,641 | 56,225 | 18,989 | 3,527 | 29,722 | 110,428 | 28,779 | 279,330 | |
| 75% | 2% | 23% | 36% | 7% | 57% | 26% | 7% | 67% | |

**Medallion II Enrollment**

| Previous Month | Net Change This Month | This Month's Enrollment |
|---|---|---|
| 418,537 | 1,670 | 420,207 |

**MEDALLION Enrollment**

| Previous Month | Net Change This Month | This Month's Enrollment |
|---|---|---|
| 52,238 | -65 | 52,173 |

**Medallion II Pre-Assignment Status**

| | Number | Percent |
|---|---|---|
| Pre-assign: | 41,081 | 100% |
| Change: | 394 | 1% |
| Accepted: | 40,687 | 99% |

**MEDALLION Pre-Assignment Status**

| | Number | Percent |
|---|---|---|
| Pre-assign: | 6,399 | 100% |
| Change: | 687 | 11% |
| Accepted: | 5,712 | 89% |

**Enrollment by MCO***

| | This Month | Percent | Change |
|---|---|---|---|
| Optima FC by Optima | 122,312 | 29% | 438 |
| Anthem by Penninsula | 19,863 | 5% | 55 |
| Anthem by Priority | 24,896 | 6% | (112) |
| Anthem by HealthKeepers | 97,913 | 23% | 611 |
| Virginia Premier | 116,037 | 28% | 389 |
| CareNet by Southern Hlth | 17,307 | 4% | 113 |
| AMERIGROUP: | 21,879 | 5% | 176 |
| **Total** | **420,207** | **100%** | **1,670** |

**Program Analysis**

| | FFS | MEDALLION | Medallion II |
|---|---|---|---|
| Low Inc Families w Children | 18,376 | 6,998 | 58,314 |
| Aged | 41,971 | 24 | 219 |
| Blind / Disabled | 57,250 | 496 | 2,036 |
| Adult SSI | 61,175 | 9,485 | 33,211 |
| Child SSI | 4,898 | 2,128 | 16,905 |
| FAMIS Plus | 54,466 | 29,550 | 280,726 |
| Medicaid Expansion (AC 094) | 4,451 | 3,492 | 28,796 |
| **Total** | **242,587** | **52,173** | **420,207** |

**MEDALLION PCP Availabilty**

| PCP Physicians (Receiving Fee) | Total Slots Defined | Total Slots Available | Slots Available for Assignment | Eligibles to be Assigned |
|---|---|---|---|---|
| 1,311 | 659,829 | 593,812 | 66,017 | 2,834 |

* Includes AC 094 and FAMIS Plus

FAMIS Plus includes: (ACs 072, 074, 075, 076, 081, 082, 083, 085, 086, 088, 090, 092, 093, 098, and 099 where age <21) and (AC 091age where <6).

# Birthday*News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)

## *It's time for a well-child checkup*

Remember, checkups are free!

Give your child the best gift of all – a well-child checkup!
Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Check-ups can detect and prevent health problems. Best of all, well-child checkups are free!

Early childhood is an exciting period of exploration and growing independence for your child. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. I wish your family another year of health and happiness.

Sincerely,

Governor Tim Kaine

### Checkup Schedule Age 3 Through Age 4

**Each year**
**Age 3** **Age 4**

Even if you've missed a checkup, don't worry, make an appointment now!

## *What to expect at your child's checkup*

### Physical Exam

The exam includes vision and blood pressure screens starting at age 3 and a hearing screen at age 4.

### Shots (Immunizations)

Shots can prevent serious health problems. Your child will need many shots before starting school. If you've missed shots, your doctor can follow a "catch-up" schedule.

### Developmental Assessment

Your doctor will ask you questions about your child's development. These questions will cover areas such as eating, sleeping, speech, behaviors and emotions.

### Dentist Referral

Your child will be referred to a dentist at age three.

Your doctor will also test your child's blood for lead if it has not already been tested.

## Safety Tips for 3 and 4 year olds

Young children love to explore but they need your help to stay safe. Here are a few ways to keep your child safe at home and at play.

### Injury Prevention

- Always use a child safety seat in the car. The back seat is the safest place for children.
- Supervise all play near water, pets, streets and driveways.
- Teach your child street safety.
- Use helmet for biking.
- Lock up medications and household cleaners.
- Empty bath tubs, buckets, and children's pools immediately after use.
- Safely store firearms and ammunition separately or remove from the home.
- Avoid choking hazards such as balloons and safely store small objects and plastic bags.

### Burn Prevention

- Avoid hot oven doors, irons, wall heaters, and grills.
- Turn pot handles towards the back of the stove and keep hot food out of reach.
- Check your smoke alarm batteries regularly.
- Cover electrical outlets.
- Keep cigarettes, lighters, ashtrays, and matches out of sight and out of reach.
- Before your child gets in the bath, check the water to see if it is too hot.

### Transportation

If you need transportation, call your Transportation Reservations number 48 hours ahead.

CareNet: 1-800-734-0430; Optima Family Care: 1-877-892-3986; Anthem Healthkeepers Plus: 1-877-892-3988; Virginia Premier: 1-800-727-7536; Amerigroup: 1-800-894-8124; FAMIS PLUS/FFS: 1-866-386-8331

## Milestones

Every child is unique but here are a few skills to look for:

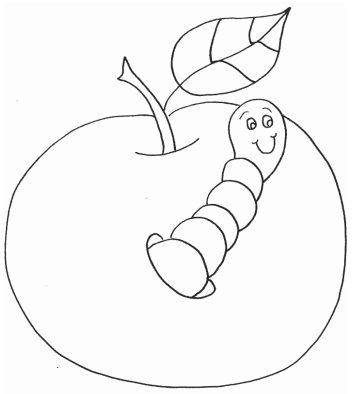
### 3 Years

- Rides a tricycle
- Knows name, age, sex
- Copies a circle and a cross
- Dresses self

### 4 Years

- Can sing a song
- Knows reality from fantasy
- Talks about daily activities
- Can hop, jump on one foot

Talk to your doctor if you are concerned that your child is not reaching these milestones. For more tips on your child's health, visit www.brightfutures.org and select Bright Futures Family Materials.



Color the apple for a healthy snack.

### Need help providing your child with nutritious food?

WIC provides nutritional care and food assistance to eligible families. Call your local health department to apply or call:

**1-888-942-3663**

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PERMIT NO. 729

Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

# Birthday*News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)

## *It's time for a well-child checkup*

Remember, checkups are free!

Give your child the best gift of all – a well-child checkup!
Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health problems. Best of all, well-child checkups are free!

During middle childhood, your child's confidence will grow with new physical, mental, and social skills. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. I wish your family another year of health and happiness.
Sincerely,

Governor Tim Kaine

### Checkup Schedule Age 5 Through Age 10

**5 years** **8 years**
**6 years** **10 years**

Even if you've missed a checkup, don't worry, make an appointment now!

## *What to expect at your child's checkup*

### Physical Exam

The exam includes vision, hearing and blood pressure screens.

### Shots (Immunizations)

Shots can prevent serious health problems. If you've missed shots, your doctor can follow a "catch-up" schedule.

### Developmental Assessment

Your doctor will ask how your child is doing at home and in school and how well your child gets along with others. Your doctor will also talk to you and your child about nutrition, physical activity and safety.

### Dentist Referral

Your child should see a dentist every six months.

*For more tips on your child's health, visit www.brightfutures.org and select Bright Futures Family Materials.*

## Safety Tips for 5 to 10 year olds

During this time, children become more active and independent. They need clear rules for safe behavior. Here are a few ways to keep your child safe at home and at play:

### Injury Prevention

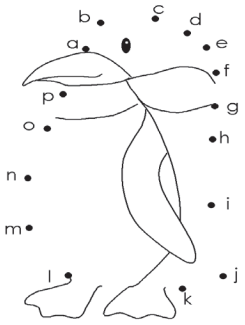
- Use a car safety seat until your child can sit upright against the back seat with knees bent over the edge of the seat (usually around 4 feet 9 inches in height and between 8 – 12 years of age). The back seat is the safest place for children.
- Teach your child street safety.
- Make sure your child wears appropriate protective gear when participating in sports and always wears a helmet while biking.
- Teach your child to swim and establish clear water safety rules.
- Remind your child never to talk with strangers or get into a car with them.
- Lock away medications, household cleaners, and matches.
- Safely lock up firearms and ammunition separately or remove from the home.
- Check your smoke alarm batteries regularly.

### Connect the Dots...

*to complete the picture.*

**Clue:**
He likes it cold!!

*A: Penguin*




## Social Development

Learning how to interact with others and develop relationships is an important skill that children develop during this time. Here are a few ways you can help:

- Praise your child and show affection.
- Encourage expression of feelings and teach ways to deal with negative feelings such as anger.
- Teach how to resolve conflicts
- Promote friendships through team or group activities.
- Set limits and rules (bedtimes, homework, chores) and establish consequences.

## Nutrition and Physical Activity

Good nutrition and physical activity are important for your growing child. Here are a few ways you can help:

- Make sure your child has a good breakfast, which includes bread or cereal, milk and fruit.
- Limit snacks that are high in fat and sugar such as candy, chips, and soda.
- Limit the amount of time your child watches TV, plays video games and surfs the internet.
- Be a role model - eat healthy and plan physically active family outings like bike rides and hikes.

## Transportation

If you need help with transportation, call your Transportation Reservations number 48 hours ahead.

CareNet: 1-800-734-0430
Optima Family Care: 1-877-892-3986
Anthem Healthkeepers Plus: 1-877-892-3988
Virginia Premier: 1-800-727-7536
Amerigroup: 1-800-894-8124
FAMIS PLUS/FFS: 1-866-386-8331

Refer to your member benefit description for more details about transportation coverage.

Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

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# Birthday*News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)

## *It's time for a well-child checkup*

Remember, checkups are free!

Give your child the best gift of all – a well-child checkup!
Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health problems. Best of all, well-child checkups are free!

During late childhood, your child will experience dramatic physical and emotional changes. Parents often wonder what they can do to help their child during this time. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. I wish your family another year of health and happiness.
Sincerely,

Governor Tim Kaine

### Checkup Schedule Age 11 Through Age 14

**Age 12** **Age 14**

Even if you've missed a checkup, don't worry, make an appointment now!

## *What to expect at your child's checkup*

### Shots (Immunizations)

Shots given during this time may include:

- Booster shots
- Previously missed shots
- Yearly flu shots
- For girls, your doctor may also talk to you about the HPV vaccine.

### Developmental Assessment

Your doctor will ask questions and talk to both you and your child about the following:

- Home life
- School performance
- Peer pressure
- Safety and good health habits
- Nutrition and exercise
- Risky behaviors such as tobacco, alcohol and drug use and sexuality

During this time, your child may be more concerned about privacy. Your child may want you to leave the room during the exam and may have questions to ask the doctor in private.

## Safety Tips for 11 to 14 year olds

It may be difficult, but it is important to talk to your child about hard issues such as drugs, drinking, smoking, and sexual development. Most children will deal with peer pressure at some point and it is very important for your child to have an adult to talk to. Here are a few suggestions on how to talk to your child about these issues:

- If you find it difficult to talk about these issues, be honest and let your child know.
- Find out what your child knows and thinks about these issues and share your beliefs. Explain the reasons for your beliefs.
- Listen to what your child says and answer questions honestly and directly.
- Help your child find ways to resist peer pressure.
- Discuss the importance of choosing friends who do not act in dangerous or unhealthy ways.
- Talk about ways to prevent pregnancy and sexually transmitted diseases (STDs) even if you have advised your child to delay sexual activity.
- Teach your child about the dangers of smoking, alcohol, inhalants, and drugs.
- If you find it too difficult to have these conversations with your child, turn to a health professional or another adult you trust for help.

## Growth and Development

Every person is unique, but here are some common challenges that your child may face during this time period:

- Learning to manage feelings and moods.
- Experiencing sexual development and shifts in body image.
- Learning to be safe and to avoid risky behaviors.
- Becoming more self-directed yet respecting needs of family and friends

Sudden changes in behavior along with changes in friends and falling gradescan be signs of depression or substance abuse. Talk to your health professional if you are concerned about your child's emotions or behaviors. A good mental health resource can be found online at www.mentalhealth.samhsa.gov

*For more tips on your child's health, visit www.brightfutures.org and select Bright Futures Family Materials.*

## Transportation

If you need help with transportation, call your Transportation Reservations number 48 hours ahead.

CareNet: 1-800-734-0430
Optima Family Care: 1-877-892-3986
Anthem Healthkeepers Plus: 1-877-892-3988
Virginia Premier: 1-800-727-7536
Amerigroup: 1-800-894-8124
FAMIS PLUS/FFS: 1-866-386-8331

Refer to your member benefit description for more details about transportation coverage.

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Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

# Birthday*News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)


## *It's time for a well-child checkup*

Remember, checkups are free!

Give your child the best gift of all – a well-child checkup!
Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health problems. Best of all, well-child checkups are free!

During the transition from childhood to adulthood, your child will experience dramatic physical and emotional changes. Parents often wonder what they can do to help their child during this time. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time.
I wish your family another year of health and happiness.
Sincerely,

Governor Tim Kaine

### Checkup Schedule Age 15 Through Age 21

**Age 16 Age 18 Age 20**

Even if you've missed a checkup, don't worry, make an appointment now!

## *What to expect at your child's checkup*

### Shots (Immunizations)

Shots given during this time may include:

- Booster shots
- Previously missed shots
- Yearly flu shots
- For girls, your doctor may also talk to you about the HPV vaccine.

### Developmental Assessment

Your doctor will ask questions and talk to both you and your child about the following:

- Home life
- School performance
- Peer pressure
- Safety and good health habits
- Nutrition and exercise
- Risky behaviors such as tobacco, alcohol and drug use and sexuality

During this time, your child may be more concerned about privacy. Your child may want you to leave the room during the exam and may have questions to ask the doctor in private.

## Safety Tips for 15 to 21 year olds

Your child will experiment with new behaviors during the transition to adulthood. Sometimes your child may make mistakes or misjudge a situation. Here are a few safety tips to discuss with your child:

- Make sure your child knows who to call in case of emergency.
- Ask for details when your child goes out and request a phone call if plans change.
- Discuss your child's ideas for settling conflicts without violence.
- Explore safe, constructive ways to express anger.
- Talk together about the dangers of drugs, tobacco, alcohol, and risky sexual activity. If you are uncomfortable talking about these issues with your child, ask a health professional or other trusted adult to help you.
- Help your child plan ahead for uncomfortable situations such as feeling pressure to have sex or being offered a ride home from someone who has been drinking.
- Agree on rules for when and where your child can use the car.
- Be firm about safe driving rules such as always wearing a safety belt, minimizing distractions and obeying speed limits. Insist that your child never drink and drive.

## Growth and Development

Every person is unique, but here are some common challenges that your child may face during this time period:

- Learning to manage feelings and moods.
- Experiencing sexual development and shifts in body image.
- Learning to be safe and to avoid risky behaviors.
- Becoming more self-directed yet respecting needs of family and friends

Sudden changes in behavior along with changes in friends and falling gradescan be signs of depression or substance abuse. Talk to your health professional if you are concerned about your child's emotions or behaviors. A good mental health resource can be found online at www.mentalhealth.samhsa.gov.

*For more tips on your child's health, visit www.brightfutures.org and select Bright Futures Family Materials.*

## Transportation

If you need help with transportation, call your Transportation Reservations number 48 hours ahead.

CareNet: 1-800-734-0430
Optima Family Care: 1-877-892-3986
Anthem Healthkeepers Plus: 1-877-892-3988
Virginia Premier: 1-800-727-7536
Amerigroup: 1-800-894-8124
FAMIS PLUS/FFS: 1-866-386-8331

Refer to your member benefit description for more details about transportation coverage.

Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

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# Birthday*News*

The Department of Medical Assistance Services, FAMIS Plus (Children's Medicaid)

## *It's time for a well-child checkup*

Remember, checkups are free!

Give your child the best gift of all – a well-child checkup!
Well-child checkups are important because they allow your doctor to make sure your child is healthy and growing well. They also give you a chance to ask questions and discuss any concerns that you have. Checkups can detect and prevent health problems. Best of all, well-child checkups are free!

The toddler years are an exciting period of exploration and growing independence for your child. This newsletter contains more information on your child's checkup as well as tips and resources that may help you during this time. I wish your family another year of health and happiness.

Sincerely,

Governor Tim Kaine

### Checkup Schedule Age 1 Through Age 2

**12 months 18 months**
**15 months 2 years**

Even if you've missed a checkup, don't worry, make an appointment now!

## *What to expect at your child's checkup*

### Physical Exam

Your doctor will measure and plot your child's height, weight, and head circumference on a growth chart.

### Lead Blood Test

At your child's 1st and 2nd year check-up, your doctor will need to test your child's blood for lead. This is a very important test. High blood lead levels may limit your child's growth, harm hearing, and make learning difficult.

### Developmental Assessment

Your doctor will ask you questions about your child's development. If your doctor has concerns, he may refer you to Infant & Toddler Connection (infantva.org). This program provides early intervention services to qualified children through age two.

### Shots (Immunizations)

Your child will need many shots by age 2.

## Safety Tips for 1 and 2 year olds

Toddlers love to explore but they need your help to stay safe. Here are a few ways to keep your child safe at home and at play.

### Injury Prevention

- Always use a child safety seat in the car. The back seat is the safest place for children.
- Avoid playing in or around cars. Teach your child street safety.
- Use safety gates in your home. Keep windows latched.
- Lock up medications and household cleaners.
- Empty bath tubs, buckets, and children's pools immediately after use.
- Safely store firearms and ammunition separately or remove from the home.
- Avoid choking hazards such as balloons and safely store small objects and plastic bags.

### Burn Prevention

- Keep your child away from hot oven doors, irons, wall heaters, and grills.
- Turn pot handles towards the back of the stove and keep hot food out of reach.
- Check your smoke alarm batteries regularly.
- Cover electrical outlets.
- Keep cigarettes, lighters, ashtrays, and matches out of sight and out of reach.
- Before your child gets in the bath, check the water to see if it is too hot.

### Transportation

If you need transportation, call your Transportation Reservations number 48 hours ahead.

CareNet: 1-800-734-0430; Optima Family Care: 1-877-892-3986; Anthem Healthkeepers Plus: 1-877-892-3988; Virginia Premier: 1-800-727-7536; Amerigroup: 1-800-894-8124; FAMIS PLUS/FFS: 1-866-386-8331

## Milestones

Every child is unique but here are a few skills to look for:

### 12 Months

- Begins to take steps and talk
- Waves "bye-bye"
- Plays pat-a-cake and peek-a-boo
- Says a few words plus "mama" and "dada"

### 15 Months

- Feeds self with fingers
- Listens to a story
- Drinks from a cup
- Understands simple commands

### 18 Months

- Uses a spoon and cup
- Uses two-word phrases
- Throws a ball
- Kisses and shows affection

### 2 Years

- Goes up and down stairs one at a time
- Kicks a ball
- Stacks blocks
- Imitates adults

Talk to your doctor if you are concerned that your child is not reaching these milestones. For more tips on your child's health, visit www.brightfutures.org and select Bright Futures Family Materials.

### Need help providing your child with nutritious food?

WIC provides nutritional care and food assistance to eligible families. Call your local health department to apply or call:

**1-888-942-3663**


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600 East Broad Street, Suite 1300
Richmond, VA 23219

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